DOCUMENT RESUME

ED 365 890 CG 025 113

AUTHOR Powell, Richard R.; And Others
TITLE Classrooms under the Influence: Reaching Early Adolescent Children of Alcoholics.
INSTITUTION National Association of Secondary School Principals, Reston, Va.
REPORT NO ISBN-0-88210-282-6
PUB DATE 94
NOTE 60p.
AVAILABLE FROM National Association of Secondary School Principals, 1904 Association Drive, Reston, VA 22091-1537.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Adolescent Development; *Adolescents; *Alcoholism; Elementary School Students; *Family Environment; Intermediate Grades; *Parent Child Relationship; *School Role; Secondary Education; Secondary School Students
IDENTIFIERS *Children of Alcoholics

ABSTRACT

More than seven million adolescents under the age of 18 live in homes where one or both parents is an alcoholic. This document presents a three-part discussion of adolescent children of alcoholics' (AdCOA) issues relative to school classrooms. Part I discusses characteristics and behaviors of AdCOAs. The characteristics of dysfunctional families in general and alcoholic families in particular are provided as context for facilitating the identification process. Normal and abnormal behaviors of adolescents are considered as a context for recognizing AdCOA behaviors. Because AdCOAs and other dysfunctional adolescents more often become substance abusers in school and later in life, a discussion is offered of school behaviors of students who abuse substances. Part II provides a five-step classroom intervention model that educators can use to identify and interrupt the dysfunctional survival skills AdCOAs use at school. The model provides a useful way that teachers and administrators can build a database to support students suspected of being AdCOAs. Part III includes a discussion of strategies for helping AdCOAs in classrooms. From the various strategies available, the following techniques have been selected: listening and caring, using AdCOAs' personal and academic strengths, and reflection. It is noted that these strategies help AdCOAs build healthy self-concepts. A number of forms and a list of resources and references are appended. (NB)

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CLASSROOMS UNDER THE INFLUENCE:

Reaching Early Adolescent Children of Alcoholics

Richard R. Powell ▶ Janice Gabe ▶ Stanley Zehm

NATIONAL ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS

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National Association of Secondary School Principals
1904 Association Drive Reston, Virginia 22091-1537
(703) 860-0200 (800) 253-7746
ISBN 0-88210-282-6

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PREFACE

In fall 1987, I attended my first adult child of an alcoholic (ACOA) meeting in Bloomington, Ind., to see what others who also spent their formative years with an alcoholic parent were experiencing.

As I attended ACOA meetings for the next year, I heard many different persons, some younger and some older, voice similar long-held secrets about living with an alcoholic parent.

In those meetings I realized that other people who grew up in dysfunctional and abusive households were seeking the shelter of shared experience. As my confidence to speak about my past grew, I began to share my long-buried feelings about my youth. For the first time in my life, at age 37, I openly talked about my father's alcoholism.

In my middle level and high school years, I rarely invited friends to my home because I never knew whether dad was going to be drunk or sober, or whether, because of his alcoholism, he and mom would be fighting again. Before inviting friends to my home, I discreetly asked mother not to fight with dad, especially if he were drinking. She always promised, also discreetly. Only then, with that security, would I ask friends over. Even when mom promised "no fights," I didn't know whether dad would be drunk or sober when he came home from work. I never asked dad to attend parents' night because I was afraid he would show up drunk. I didn't want my teachers to know about him.

It was during those early adolescent years that I became enmeshed in the dysfunctional lifestyle of the alcoholic home environment. Because there was no place to hide from my father's alcoholism, I acquired many habits during my early adolescence that allowed me to survive at home, but were less functional elsewhere. I learned how to live with fear, suppress anger, and hide shame. I also discovered how to deny behavior and live in secrecy, sharing with no one what happened at home.

These experiences are not unique, of course, although as a child I thought they were. Alcoholism is now almost an epidemic in our society, and I know now that what I experienced in my youth is experienced by thousands of young people. What is tragic for these young persons, and what prompted the development of this book, is the lack of resources—advice, security, and help—available to adolescent children of alcoholics (AdCOAs).

Young people living in dysfunctional environments rarely talk about their home life, so providing help for them can be difficult—especially in schools, where teachers who have large numbers of students in their classrooms rarely get to know their students on a personal level. But had some help been available to me as a young boy, such as a volunteer group at school or a teacher or counselor sensitive to issues of alcoholic home environments and dysfunctional relationships, I might have sought refuge. I wonder how different my life might have been had I shared my family's secret, either in middle school or high school, with peers facing similar experiences.

There has never been a greater need for educators to become aware of the characteristics—behavioral and emotional—of adolescent children of alcoholics. The increasing problem of alcoholism, combined with increasing numbers of at-risk students in our schools, focuses more attention on the special needs of students from toxic families. This is especially reassuring for AdCOAs, although they are rarely mentioned in the at-risk literature or in teacher education programs and inservice seminars and workshops.

AdCOAs are at risk on two levels. First, these students are at risk of becoming overachievers, not only in middle and high school, but throughout life. Although overachieving helps some students excel academically, those who tend to overachieve often lose their identity in their flurry of anxious energy. I can think of few things better than a class of overachieving students who are on task and who usually have their homework completed at the beginning of the class. Overachieving AdCOAs do these things; however, as adults their tendency to overachieve may lead to compulsive addictions such as chemical abuse, excessive work habits, and perfectionism. Second, AdCOAs may be underachievers—especially those who are unable to compensate for the low self-esteem and poor self-image, as their overachieving counterparts have done.

How, then, can educators effectively identify and help AdCOAs in classrooms? Middle level educators who learn to identify behavioral and academic traits of AdCOAs in school classrooms will be better prepared to offer these young people assistance, whether it be simply listening to them before or after school, or referring them to a school counselor or counseling agency outside school.

A book written specifically for middle level educators about AdCOAs is needed for two reasons:
1. The literature for middle level educators about identifying and helping AdCOAs in classrooms is very limited.
2. Middle level students are in the midst of rapid physical, physiological, emotional, and social changes. Even the best teachers and the best parents are challenged by early adolescent behavior. The information in this monograph is intended, therefore, to help educators of AdCOAs be more sensitive to their personal needs, and subsequently, provide them with the assistance they need.

As I look back on those ACOA meetings in Bloomington, Ind., I realize they were the beginning of a long journey of rediscovering the difficult parts of my childhood and of facing feelings I suppressed as an adolescent long ago in the overpowering shadow of my alcoholic father. This book is a continuation of my journey and my commitment to helping others who were, or still are, living with an alcoholic.

Janice Gabe and Stanley Zehm realize the extreme importance of helping young persons in these situations; their commitment can be found on the pages of this book. We hope that educators, who are likewise committed to helping youth grow personally as well as academically, will join us in our efforts by helping AdCOAs in their classrooms.

Richard Powell

FOREWORD

More than seven million adolescents under the age of 18 live in homes where one or both parents is an alcoholic.

These youngsters are in every classroom, in every school, and in every neighborhood.

They come from families on welfare, from struggling working class families, from comfortable middle class families, and from the homes of some of the most wealthy and powerful families in the nation. Alcoholism is a disease that knows no boundaries—racial, ethnic, socioeconomic, or gender.

For most children, home is a place where they are supported, nurtured, and loved. In healthy families, children learn that some behaviors are encouraged and others are discouraged. Family structures, rules, and interactions are consistent and are adjusted appropriately as members of the family grow and change.

However, for children of alcoholics, home is an irrational place. A behavior that is ignored one day, may result in a verbal or physical assault the next. Promises made one day are forgotten by the next morning, and rules change according to the immediate needs of the alcoholic parent. As a result, these youngsters have difficulty "figuring out" the world. At a time in their lives when they most need safe, predictable boundaries to feel secure during the turbulent adolescent years, children in addicted families must negotiate the irrational and unpredictable environment of an alcoholic home.

The debate rages about the role of school in the lives of students and their families. More and more responsibilities previously fulfilled by the family, the church, and the community are thrust upon the school. Children bring to school an array of society's problems—homelessness, violence, poverty, neglect, and abuse. Educators realize we have limited resources with which to educate youngsters. We don't have the personnel, expertise, and time to meet all the personal, social, and academic needs of our students.

However, we also recognize that if these problems are not addressed, youngsters cannot put their energy and attention to learning.

Alcoholism is a problem that affects the home life of one out of four adolescents. It is a problem the school cannot cure. But it is a problem we cannot ignore. When a parent is drinking, every aspect of a youngster's life is affected. As a result, our schools and classrooms are under the influence of alcoholic families.

Classrooms Under the Influence alerts educators to the large numbers of young adolescents who live in alcoholic environments. The authors describe behaviors these youngsters often exhibit, and compare them with the behaviors exhibited by "normal" adolescents. They then suggest classroom strategies that are known to be most effective with adolescents who live in an alcoholic home, and suggest ways in which the school can support these students and their families.

It is not the job of educators to confront parents, nor is it our job to change their behavior. However we can provide a more supportive environment at school when we understand the pressures youngsters confront at home.

The authors do not encourage educators to seek out and identify adolescent children of alcoholics and "treat" them or their families. Rather, they offer suggestions for adapting and adjusting classrooms and schools to ensure they are safe, predictable, caring environments for students who come to us from homes that are dysfunctional due to the effects of alcohol.

The most important element in any successful school is that educators know and understand the developmental needs of students and build school programs that support those needs. Every school in every community needs to make the commitment that every child will be known well by and cared for by at least one adult. Only by understanding the unique factors that impact children who come from diverse home situations can we claim to know and understand our students.

Implementing the suggestions put forth in *Classrooms Under the Influence* will not only make schools more friendly environments for children who come from alcoholic homes, but many of these suggestions will make schools more supportive environments for all youngsters.

Laurel Martin Kanthak
Associate Executive Director Director of Middle Level Services
NASSP

The Influence of Alcoholism On Classroom Instruction

When principals, teachers, and counselors in our nation's middle level schools are already burdened by the many tasks involved in educating what many consider the most difficult students to reach and teach, why should they focus attention on adolescent children of alcoholics?

Already overwhelmed by societal demands that they equip their students with armor to protect them from venereal disease, pregnancy, sexual abuse, gang violence, peer pressure, substance abuse, and AIDS, how could these teachers and administrators focus on one more social need?

Consider the following facts about AdCOAs:

- One of four middle level students comes from an alcoholic family
- More than seven million adolescents under the age of 18 live in alcoholic homes
- Adolescent children of alcoholics are five times more likely to be the victims of emotional, physical, or sexual abuse
- AdCOAs are three to five times more likely to be referred for treatment as learning disabled or behavioral disordered
- More than half the adolescents identified as juvenile delinquents come from alcoholic homes
- The adolescents in our middle level schools with the highest risk for becoming chemically dependent are those from alcoholic families.

The bottom line is that we pay now by providing AdCOAs with appropriate classroom learning experiences, or we pay later to repair the damage to their devastated self-concept. We either pay now to provide AdCOAs with a schoolwide support system, or we pay later for the consequences of the shame and rage they will inflict upon themselves, their own children, and society at large.

Who Are AdCOAs?

AdCOAs are young people, ages 10 to 14, who live in an alcoholic home environment. They come from low, middle, and high income families. One or both of their parents' drinking is the central fact of their young lives. Whether they are at home or at school, everything these young people do or feel is influenced by the alcoholism in their family.

The habits, attitudes, behaviors, and self-image these young people bring to school have been formed by the continuous home interaction with an alcoholic parent. These young people often suffer quietly from high anxiety, shame, and depression.

The Challenge of Reaching AdCOAs

Tharinger and Koranek (1988) report that only 5 percent of school-aged children of alcoholics are identified and treated. This is not very encouraging, nor is the fact that when educa-

tors attempt to help AdCOAs, they are often faced with considerable resistance—from the alcoholic parents and/or from the students themselves. They may also find some resistance from other educators.

Why the resistance to providing emotional, social, and academic support to the children of alcoholics in our middle level schools? There are two reasons:

1. Denial that a problem exists
2. The need to protect personal privacy.

"What Problem?"

Denial, a typical feature of the alcoholic environment, makes AdCOAs camouflage specialists. The alcoholic vehemently denies that he or she has an uncontrollable drinking problem. The non-alcoholic parent, if there is one, participates in the denial by constantly cautioning the children not to reveal their "family secret." Bogdaniak and Piercy (1987) have painted a chilling picture of the negative effects of this denial on young children.

The barrage of denial and distortion found in the alcoholic home creates an "Alice in Wonderland" nightmare world, where nothing is as it seems, and the children are often led to believe that they are confused. In the midst of all the turmoil, children of alcoholics turn their frustration and anger on themselves and conclude that they must be bad, sick, or crazy.

Persons outside the alcoholic home also express denial. "Outsiders" frequently look the other way when they know about an alcoholic family. This form of benign neglect furthers the isolation felt by those living inside alcoholic environments. Peers who learn about their classmates' alcoholic parents also isolate AdCOAs at school by shunning their company.

Some middle level educators also deny that a significant problem exists. Some of this resistance may come from those colleagues who have not yet fully bought into the middle school philosophy of providing for the academic, emotional, and social needs of all middle level students. Some resistance may come from those teachers who still see their sole responsibility as teaching academics.

One last segment of resistance may come from educators who are themselves the children of alcoholics. Some suggest that the teaching profession is the third most attractive profession to children of alcoholics, (after the medical and social work professions). Until these educators accept their "family secret" and begin the recovery of their own emotional and mental health, they won't fully support any school efforts to help the adolescent children of alcoholics.

"It's None of Your Business"

The challenge of reaching the adolescent children of alcoholics in our middle level schools must be balanced with the need that all middle level students and educators have for personal privacy. In our democratic society, we are offended when someone crosses the boundaries of personal privacy for their own motives.

Therefore, we must be careful to provide for the needs of AdCOAs without violating their right to privacy. We must provide them with the understanding and support they need to begin recovering their self-esteem, but we cannot reveal their secret to classmates who may be unable to understand and empathize. Nor can we, as educators, invade the privacy of the home to confront alcoholic parent(s).

Why Focus on AdCOAs?

Why should middle level educators find the time and resources to meet the unique needs of AdCOAs? Because we may be the last source of daily help the majority of these students will have before they reach adulthood.

Without the concerted focus of the school's staff, a large number of AdCOAs will drift through classrooms unrecognized. We may detect the symptoms, but we will not likely recognize the cause of their distress. AdCOAs are schooled from birth in the subtle strategies of hiding the family secret. They know what to reveal and what to camouflage to prevent us from knowing the source of their distrust and social isolation.

If we attempt to treat the symptoms without attending to the underlying causes, we only increase the AdCOAs' despair and anguish. If we learn how to see behind their masks, we may help them understand that they are not responsible for their parents' addiction. We may help them develop the survival skills they need to cope with the causes of their pain.

AdCOAs in the Classroom

What happens when AdCOAs bring their home culture, conditioned by the negative effects of alcoholism, into the school and classroom? Consider the following implications:

1. Influence of the Home Environment

When middle level educators interact with AdCOAs in classrooms, they also unknowingly interact with the students' home environment. AdCOAs bring to school the habits, actions, and thought patterns they learn at home as they interact with parents and siblings. Consequently, teachers who have AdCOAs in their classrooms also contend with the customs of the alcoholic lifestyle (Priest, 1985; Tharinger and Koranek, 1988).

2. Low Self-Esteem

AdCOAs may forget to bring their lunch or homework to school, but they do bring their low self-esteem, the result of living in an alcoholic home. AdCOA students have lower self-esteem and more poorly developed self-images than students from less dysfunctional homes (Johnson and Bennett, 1989).

3. Tension Between the Home and School

Tension can be created by the way educators react to the social behaviors students have learned at home. A positive learning environment can be destroyed or enhanced by the reaction of classroom teachers to AdCOAs' behavior (Morehouse and Scola, 1986).

4. Personal Meaning for School

The personal meaning AdCOAs derive from being in school is partly attributed to the social interactions they have with peers, teachers, counselors, and principals. It is also partly derived from the interactions they have with parents and siblings at home (Blumer, 1969; Charon, 1985). Teachers are in a pivotal position to help AdCOAs make their personal meaning for school positive and constructive.

5. School Treatment of AdCOAs

AdCOAs' behaviors in the classroom are commensurate with the needs of their alcoholic parent(s) (Bingham and Bargar, 1985). Although highly variable, these behaviors can be identified in middle level classrooms and addressed appropriately (McAndrew, 1985; Powell and Zehm, 1991).

6. Feelings of Isolation
"Outsiders" are seldom given entry into the world of AdCOAs, who feel isolated and different from their peers. They isolate themselves in classrooms and protect the privacy of their family secret quietly or vehemently (Black, 1981; Deutsch, 1982; Morehouse, 1986).

Overview of the Monograph

Working from these implications, this monograph presents a three-part discussion of AdCOA issues relative to school classrooms.

Part I discusses characteristics and behaviors of AdCOAs. The characteristics of dysfunctional families in general and alcoholic families in particular, are provided as context for facilitating the identification process. Normal and abnormal behaviors of adolescents are considered as a context for recognizing AdCOA behaviors.

AdCOAs have an unusually complicated set of behavioral patterns that can be difficult to identify in the social setting of school classrooms. Teachers must be able to distinguish between normal behaviors of early adolescents and behaviors of AdCOAs before intervention can be successful. Because AdCOAs and other dysfunctional adolescents more often become substance abusers in school and later in life (Black, 1981; Gabe, 1989), we also offer a discussion in Part I of school behaviors of students who abuse substances.

Part II provides an action research model educators can use to identify AdCOAs in the school. Due to the relative lack of attention given to AdCOA issues, models for identifying and helping AdCOAs in school classrooms are sparse. We do not intend, however, to offer a theory of classroom socialization for AdCOAs. Such a theory would rest on speculation and fragmented data at best.

The action research model we suggest is grounded in our own experience with AdCOAs and adolescent substance abusers, with adolescent substance abuse programs that are available, and with existing literature on AdCOAs. The model provides a useful way teachers and administrators can build a database to support students suspected of being AdCOAs.

Part III includes a discussion of strategies for helping AdCOAs in classrooms. Among the various strategies available, we have selected techniques of listening and caring, using AdCOAs' personal and academic strengths, and reflection. These strategies help AdCOAs build healthy self-concepts, since they have a tremendous need to increase their unusually low self-esteem (Priest, 1985).

Our concern throughout this work is threefold:
1. To describe characteristics of AdCOAs and to suggest ways for identifying them
2. To suggest classroom strategies for helping AdCOAs personally and academically
3. To introduce a model for helping educators identify AdCOAs in school and more effectively provide them with personal assistance or refer them for proper services.

PART I

Identifying Adolescent Children of Alcoholics

ADDICTED FAMILIES AND THEIR ADOLESCENTS

A father sneaks out to get another drink; a mother spends the grocery money on gambling machines; a mother drops off her children at school only to rush home to use crack-cocaine.

Addicted families are everywhere, and they are having profound effects on the emotional well-being of thousands of young children and adolescents in our society. The rise in teenage suicides, teenage pregnancies, street gangs, and adolescent drug abuse all reflect the influence of addicted parents on the lives of young persons.

Addicted Families: Unmet Adolescent Needs

Families provide the main source of learning, support, and nurturing for children. They provide a loving, affirming, trusting, and consistent environment for adolescent development. In healthy families, the majority of the emotional and physical needs of family members are met.

At times, all families negotiate through difficult and stressful periods. For healthy families, temporary stress is addressed, the family is able to weather the situation, and family members still get their individual needs met. However, if the stress is chronic and ongoing, as often happens in addicted families, most family energy is spent trying to deal with the stress and the addiction. Consequently, little energy remains for addressing the needs of family members.

Parents in the addicted home naturally focus their resources on the addiction, keeping it central to the family. All family members become indirectly addicted—co-dependent—and they develop roles that help them survive the addiction and the family stress. These roles might allow survival in the addicted household, but outside the home they may cause problems.

Structure of Addicted Families

Each family is different, providing its own unique experiences and structure for its members. Families need this structure to function and to help members to fill purposeful, meaningful roles. Structure provides a framework for interaction and ensures predictability.

In healthy families, the structure is consistent; rules govern family interaction. These rules are in place for as long as they are developmentally appropriate. As the family changes and individuals grow and mature, the rules may be adjusted to accommodate these changes.

In addicted families, the rules are governed by the addiction and help the family manage around the addiction. The addiction, not the family members, is central to life.

In this discussion we highlight differences between addicted families and healthy families in four areas: denial, boundaries, consistency, and trust.

Denial

Members of addicted families protect themselves by denying reality. This denial gives them hope. Indeed, many children in addicted families get through each day living in denial, and well-meaning parents often perpetuate denial in an attempt to protect the children.

Non-addicted parents may worry about the effect the problem is having on the children. Denial, therefore, is one way non-addicted parents can protect their children and themselves.

What emerges from this pattern of denial, however, are children who learn not to talk about what is happening at home. Denial ultimately becomes a rule that prohibits family members from questioning or discussing what is going on.

Boundaries

Adolescents need safe, predictable family boundaries to feel secure. They need to know who the adults are in the family and what the adults' responsibilities are. Adolescents need to have clearly defined limits on their behavior. They also need to know that each member of the family is responsible for his or her own behavior.

In addicted families, boundaries are unclear and roles become confused. Children are often expected to take on adult responsibilities.

Adults who are under the influence are generally incapable of making responsible adult decisions. They make decisions that are in their own best interest—decisions that perpetuate their addiction. Non-addicted parents are often so frustrated and feel so alone that they confide in their children. Consequently, the children become surrogate spouses and receive mixed messages about their responsibilities. One moment they are expected to go outside and play while mom and dad settle an argument; the next moment they are expected to be adults and listen to the non-addicted parent's woes. These adolescents are unclear about their roles and unsure of their personal boundaries.

Consistency

Adolescents need clear and consistent messages about appropriate behavior. This provides them with predictable norms and security in seeing these norms respected by all family members. Consistency, however, is lacking in addicted families. A sober parent may reward a child's behavior one day and, when drunk, criticize or punish the child for doing the same thing the next day. In this unpredictable environment, children become timid, unsure, insecure, and afraid.

Trust

By the time children reach adolescence in an addicted household, they have learned that adults do not follow through with their promises. A promise made by a sober parent, such as doing something special as a family for the weekend, or letting a child spend the night with a friend, may very well be broken when the parent is drunk. Adolescents who live with this behavior learn not to trust their parents in particular, and other adults in general.

Adolescence as a Developmental Crisis for Addicted Families

Denial, lack of clear boundaries, inconsistent behavior, and broken promises typify addicted home environments. As children internalize these problems during the early years of life, they show surprisingly few problems. However, during adolescence the collective effect of

these influences becomes very clear: adolescence creates a developmental crisis for addicted families.

As young children move into adolescence, they are faced with developmental tasks that directly challenge the family operating rules. To successfully navigate through adolescence, the family must be willing to renegotiate how it relates to its members and to the rest of the world.

Spurred by the adolescent's move toward independence and autonomy, the normal family experiences shifts in power, member status, roles, and boundaries. One way to accommodate these changes is to develop a solid and nonpunitive base that sets consistent limits for allowing adolescents to assert their independence. This adolescent individualization is best done with the cooperation of the whole family.

Addicted families are unable to effectively foster individualization; the teen must somehow accomplish this alone. In addicted families, adolescents are often unable to become independent of the family system. Because of the dynamics of the alcoholic system, they remain dependent on the family and on the addiction, becoming co-dependent adolescents.

Adolescent Co-Dependency

Prior to adolescence, children have a basic psychological need to idealize their parents. When they become adolescents, they begin to establish their own boundaries by broadening their social circle to include more time with friends and less time with parents, developing critical and abstract thinking skills, and developing an identity separate from their parents.

In addicted families these developmental tasks create crises during adolescence.

Personal Boundaries

In their effort to establish personal boundaries, adolescents become concerned about privacy and space. They tackle this issue by deciding when they will allow family members to hug them, when they will disclose information to their family, what information they will share. They also engage in endless conversations with friends about their parents.

Parents may find this to be a difficult and painful process. For addicted families, this process becomes extremely threatening, especially when co-dependent parents look to the children in the family to meet their needs for nurturing and self-esteem. Parents in addicted homes are often enmeshed with their children and, therefore, are unable to model appropriate boundaries. They also are unable to accept their children's need to establish their own personal boundaries.

Social Development

During adolescence, young people become increasingly more concerned about peer acceptance and relationships outside the home. They spend more time away from home and are exposed to family systems different from their own. They begin to question, to one degree or another, the way their family system operates. They may rebel against their family. Addicted families are unable to tolerate this rebelliousness, which threatens the families' unique equilibrium and the addicted parent's needs.

Critical Thinking

Adolescents begin to think critically about the adults in their lives. During this time, they become particularly sensitive to adult hypocrisy and inconsistency. They begin to feel the need to challenge the way adults run the world and how their families operate.

When children in addicted families begin to think critically, they start to view their own experiences within the family differently. They want to challenge rules that seem unjust or don't make sense to them, and they need to discuss their family situation and their own confused feelings. But they have learned the value of denial and are compelled to protect their family, including the addicted parent(s). Anger toward parents and embarrassment about the addicted parent may be very real feelings, but openly criticizing the addicted parent breaks the rules of denial and predisposes the adolescent to possible abuse when the parent is under the influence.

Identity Development

At the root of the adolescent struggle is the need to establish an identity that is separate from parents. Understanding one's feelings is central to the development of this identity. Children from addicted families learn to suppress and deny feelings; but each time a child denies emotion, part of his or her identity is lost. These children enter adolescence with very little sense of who they are. Adolescents' efforts to establish autonomy and identity require support and encouragement from their families, but individual identity development threatens the addicted family system.

Conflict and Battle

Each of these developmental tasks creates conflict in the addicted family system. Co-dependent parents who are emotionally dependent on their children may view their adolescents' behavior as emotional abandonment and respond in ways that make it difficult for the adolescent to develop a personal identity—by violating the adolescent's privacy and interfering with adolescent development. They punish adolescent attempts to gain independence—which the addicted parent perceives to be rejection—by withholding love, support, and emotional nurturing.

Adolescents who do not have adequate emotional support from parents tend to respond in one of two ways.

First, they may become aware that their adolescence is creating stress within the family and feel guilty. They become torn between their strong desire to move away from the family and their need to maintain family ties, and comply with family rules to appease their guilt.

Or, adolescents may become angry and rebellious. They are frequently family scapegoats who sense that in order to survive they must develop a life for themselves away from their families. To deal with this conflict, these adolescents either break away from the family entirely or increase their denial about the family situation, becoming even more deeply enmeshed in the family system.

Regardless of whether adolescents living with addicted parents are compliant or rebellious, they are unable to escape the emotional pain they are experiencing at home; they lack appropriate strategies and skills for dealing with the pain.

One way adolescents deal with this pain is to develop compulsive behaviors such as overeating, stealing, dependent relationships, and drug and alcohol abuse. These young people are

at high risk for developing a wide range of emotional and behavioral problems in response to the family's battle over adolescent independence and separation. These problems are often what initially brings troubled adolescents and their addicted families to the attention of educators and helping professionals.

NORMAL AND ABNORMAL ADOLESCENT BEHAVIORS

From time to time, most middle level students demonstrate a variety of unacceptable behaviors that result primarily from the emotional, physical, and social pressures of adolescence.

If educators can learn to distinguish these typical adolescent reactions from the dysfunctional AdCOA behaviors, they will take a major step in understanding and beginning to address the needs of AdCOAs in the middle level school.

Before discussing the differences between students' normal and dysfunctional behaviors, however, we should offer a note of caution about identifying students who exhibit the characterists we discuss below as AdCOAs. Not all students who demonstrate some of these behaviors will be AdCOAs. To actually distinguish between normal and dysfunctional adolescent behaviors you must carefully observe students over time and gather information about students from various sources.

In other words, we don't intend to imply that all students who are perfectionists, or overachievers, or class clowns are living with alcoholics.

For example, Daryl won't leave teachers alone until all parts of his assignment are letter perfect. He is enthusiastic about the material, is usually on task, and is generally committed to doing his best on every assignment. However, he constantly asks his teachers about every mark they make on his papers and always wants to redo his assignments until they are worthy of an A+.

In Daryl's case, his parents are not alcoholics—they simply push him to do excellent work.

While the possibility of an alcoholic family member does exist for students like Daryl, before you can make any definite conclusions about students' home lives, you must gather different kinds of information from several sources, observe the student over time, collaborate with colleagues, talk with school counselors, get to know the student personally, and meet with the parents.

In Part II of this book, we provide a model for gathering multiple sources of information that will help you more accurately identify AdCOAs.

The Stories of Two Adolescents

Melinda is a normal adolescent, although her parents have a hard time accepting the description. "She is our second child; she just turned 13 last month. Melinda is nothing like her responsible, dependable older brother. Once she became a teenager, she began to test us. When we say, 'Be home at 10:00,' she comes in at 10:30. She argues with us over our smallest request. She's as selfish as they come. She defies us at every turn, uses shocking four-letter words, and once she even threatened to run away from home! She never forgets to put on her makeup before she leaves for school, but she leaves her bedroom in a shambles every morning. She demands that we allow her to make her own decisions, and when we do, she never follows through. Honestly, we sometimes wonder if she got switched on us at the hospital!"

Amanda is a classmate of Melinda's and appears to be a normal teenager. Her teachers offer positive assessments of her classroom performance. Her social studies teacher commented: "Amanda is a very cooperative student; she goes out of her way to help other students with their schoolwork." "She is more mature and less argumentative than most of her classmates," observed her English teacher. Her science teacher offered this assessment: "Dependable. That's what I like about Amanda. She is a very dependable student. . . . She always does her homework completely and correctly!"

Her math teacher shared this observation: "Amanda is one student I can really motivate to do her work. She isn't satisfied until she gets all her problems right. Sometimes she bugs me by her drive to earn top grades, but I'd rather have that kind of decisive behavior than the usual non-caring attitude of most of my students!"

Amanda is, in fact, the adolescent child of an alcoholic father. She has been so successful in keeping the truth of her addicted family a secret that her middle school teachers have no idea of the quiet agony this troubled adolescent suffers daily.

Melinda's parents are so confused and frustrated by what they see as an exasperating, selfish, immature daughter, that they do not recognize the normalcy of her adolescent behavior. Amanda's teachers, on the other hand, are unable to recognize that Amanda's commendable classroom behavior is really the dysfunctional pattern of an adolescent child of an alcoholic.

As is the case with most normal adolescents, Melinda is as confused by her own behavior as her parents are. Melinda's teachers might also find her inconsistent classroom behaviors confusing and might even suspect that her unacceptable behaviors were caused by her own or her parents' substance abuse.

Ironically, Amanda's behaviors are so well-grounded in her family secrets that Amanda is also unaware of the fact that she is not acting like a normal teenager.

To avoid confusing normal adolescent behaviors with the dysfunctional behaviors of adolescent children of alcoholics, middle school educators must recognize the predictable perils of adolescence that plague most normal young people and their parents. In his classic text, Elkind (1984) identified several characteristics most normal adolescents experience. Understanding these characteristics can help middle level educators distinguish the normal vagaries of typical adolescents from the abnormal behaviors of AdCOAs.

Self-Centered Behavior

Melinda, our normal adolescent, is described by her parents as "selfish." According to Elkind, normal adolescents like Melinda are often preoccupied with themselves. This preoccupation can be so consuming that it permits middle level students to excuse themselves from obeying the rules others are expected to follow. Sometimes this self-centeredness may push normal adolescents over the edge into potentially self-destructive behaviors such as joyriding, sexual experiences, or experiments with addictive substances. They are often so self-centered that they believe they are indestructible.

Adolescents from addicted families, however, are often forced to skip this normal period of childish, self-centered behavior. The struggles to salvage the alcoholic parent, especially for the oldest child, and to preserve the family secret often rob AdCOAs of their childhood and force them to assume adult roles and responsibilities. The irony of this situation is that the adult educator may unwittingly identify the normal self-centered behavior of the middle level student as "abnormal," and the abnormal "rescuing" behavior of the AdCOA as "normal."

Gathering information from multiple sources, as suggested earlier, can help you determine whether or not the behavior is in fact "normal" or abnormal "rescuing."

Amanda, the unrecognized AdCOA, is unknowingly encouraged by her teachers to continue her controlling, rescuing behaviors when they reward her for helping her classmates.

Hypocritical Behavior

Normal adolescents are often hypocritical. The hypocritical behavior of Melinda, for example, can be seen in the care she devotes to her appearance and the lack of attention she gives her room and schoolwork. Normal middle level students frequently demand rigid, consistent behavior of parents, teachers, and peers. These same adolescents, however, routinely act inconsistently. One day, Melinda will "hate" her parents, teachers, and friends; the next day she will "love" them.

When Amanda's middle school teachers assess her classroom behaviors, they praise her for her steady, predictable, consistent, mature behavior. They are unaware that Amanda has been forced to establish her consistent routines in order to survive in her addicted family environment. Her father's addiction is the consistent reality in Amanda's young life.

Indecisive Behavior

Another dysfunctional dimension of normal adolescence described by Elkind and displayed by Melinda is indecisive behavior. She demands that she be allowed to make her own decisions, yet when her parents give in, she responds with frustration and indecision. Now that she has moved to middle school, Melinda is overwhelmed by the multitude of choices that were not available to her in elementary school. Faced with so many new choices, Melinda, the normal middle school student, exhibits a mental paralysis that prevents her from making even the most simple of choices.

Amanda, on the other hand, is compelled to act decisively in order to survive. She is often called upon to rescue her inebriated father. She covers up the bruises she gets when she interferes with conflict between her drunken father and her mother and younger siblings. Amanda acts most decisively when she spins whatever lie is necessary to hide her family secret.

Argumentative Behavior

Normal teenagers are argumentative. Normal adolescents like Melinda acquire an amazing capacity to visualize a more perfect world than the one in which they live. At school and in her home, Melinda is quick to challenge her teachers and parents for not measuring up to her "ideals" of perfection.

Watch Amanda and many of the other adolescent AdCOAs in the middle level school and you will see a striking difference in this behavior.

Since her home life is so permeated with fear, anxiety, and tension, school is Amanda's one safe haven from the fighting and anxiety of her addicted family. She defends her teachers and principal from the criticism of her peers. She is not going to permit her classmates to disturb the peace by their childish complaints about their teachers. Many other AdCOAs at the middle level, like Amanda, have become ardent "teachers pleasers" and "teacher protectors." Amanda's teachers frequently reward her teacher-pleasing behavior by giving her what she lacks at home—the safe attention of an adult.

Self-Conscious Behavior

Self-consciousness is another indicator of normal adolescent behavior. Normal adolescents like Melinda go through the predictable phase where they believe they are being scrutinized by everyone. Melinda is so conscious of her physical appearance that she is convinced everyone is looking at her and making critical judgments about her figure and dress. Although she will argue about almost anything and speak up against perceived injustices to herself, she will do anything she can to avoid speaking in front of the class. Invariably, when her oral book report is due, she is home with a mysterious illness.

Amanda and many of her undetected AdCOA peers, however, appear less self-conscious. Fortified by the skills they have acquired to survive in their addicted home environments, they are often more conscious of the needs of others than of their own. They are experts at attending to other people and at "fixing" their imperfections. This preoccupation of many AdCOAs for taking care of others while ignoring their own needs is another abnormal behavior that, unattended, can haunt a person throughout life.

SCHOOL BEHAVIORS OF ADCOAS

AdCOAs are often hard to recognize in school because of the roles they learn to fill in order to survive at home (Black, 1981; Deutsch 1982).

These roles ultimately lead to diverse behaviors in the classroom (Gress, 1988). Gress notes:

Student children of alcoholics bring their family roles to school, roles that allow survival in the alcoholic home but are dysfunctional outside it. These survival roles include compulsive superachievers who don't allow themselves to make mistakes, disruptive students unable to concentrate, class clowns demanding excessive attention, and quiet isolates little noticed by teachers or peers.

Deutsch (1988) gives specific names to these roles: family heroes, scapegoats, mascots, and lost children.

Because some behaviors that align with these roles appear normal, teachers may have difficulty discriminating between AdCOAs and other students. Moreover, some AdCOA behavior, such as compulsive overachieving, is most likely reinforced by teachers rather than viewed as dysfunctional (Powell and Zehm, 1991). This is why multiple sources of information are needed to properly identify AdCOAs.

Middle level educators must become sensitive to the behavioral and emotional trends of AdCOAs, to the roles they assume at home, and to how they can help AdCOAs at school.

Characteristics of AdCOAs

Emotional Characteristics

AdCOAs have mixed feelings about their alcoholic parents, including shame, embarrassment, disgust, pity, love, commitment, and loyalty (Priest, 1985). Loving the parent one moment and hating him or her the next leads to unresolved anger for AdCOAs, which might be expressed in sudden and unexpected outbursts of anger away from home.

Thinking they are alone in their plight, AdCOAs feel isolated and desperate. Because they live where personal boundaries are governed by the alcoholic parent, AdCOAs are unable to develop a clear sense of self and consequently lack a clarified ego. AdCOAs also have low self-image and low self-esteem (Berkowitz and Perkins, 1988; Bogdaniak and Piercy, 1987; Poston, 1987). Marcus (1986) found feelings of helplessness and inadequacy in children living in alcoholic homes. McAndrew (1985) reported that children in these environments under the age of 13 were more dependent on their parents and were more socially aggressive than children from non-addicted homes.

Depression and anxiety are common in AdCOAs (Anderson and Quest, 1983), and because they blame themselves for their parent's drinking, they often feel guilty (Woodside, 1986). AdCOAs also feel invisible and unloved because most attention at home is focused on the alcoholic parent. Consequently, their own emotional needs are unattended. Some AdCOAs become so focused on and used to meeting the needs of their alcoholic parent(s) and other family members that they become compulsive caretakers of others later in life. Their own needs remain unrecognized and unmet (Black, 1981; Deutsch, 1982).

Social Characteristics

Like their emotional development, AdCOAs' social development is hampered and social interactions are complicated (Deutsch, 1982; Tharinger and Koranek, 1988). Living with the extreme mood swings and unpredictability of the alcoholic parent, AdCOAs learn to mistrust authority figures. AdCOAs also have elevated levels of anxiety, may demonstrate hyperactivity and frequent restlessness, and are perpetually busy.

AdCOAs are quite proficient at manipulating and controlling others and tend to be highly self-reliant. In some alcoholic environments, children are expected to assume parental and spousal roles at home, thus taking on responsibilities for siblings and doing household tasks untended by the alcoholic parent. Consequently, some AdCOAs act like adults and in adolescent social situations may appear mature beyond their years.

AdCOAs at School: Case Examples

Deutsch (1982) proposes four principal roles AdCOAS adopt at home, which are described below. In these case studies, as Deutsch suggested, the family hero tends to be a first child and mascots tend to be the youngest child in the family. While these cases may oversimplify the complex dynamics of alcoholic home environments, they are nonetheless useful tools for discussing behavioral trends of AdCOAs and for determining ways to identify them in school.

Family Hero at Home, Overachiever at School

Sarah is 12 years old, the oldest of three children; she has a 6-year-old brother and a 4-year-old sister. Her father, who owns a business and has a reasonable income, is a weekend alcoholic—he might drink once or twice during the week, but on Friday afternoon, he begins drinking and stays drunk until Sunday evening.

Sarah can always expect a fight between her parents on weekends, and some fights have resulted in physical violence toward Sarah's mother, who feels helpless and despondent. Knowing her father will be drunk and expecting parental fighting, Sarah never brings friends home on weekends, and her father rarely lets her spend the night with friends. Although most of her father's violence focuses on her mother, he has twice hit Sarah when she was unable to finish all the housework.

Sarah has in many ways become the mother at home. Because Sarah's mother works, Sarah is expected to take her younger brother and sister to the park to play, to prepare meals, and to keep the house clean. When her younger siblings are sick, Sarah stays home from school to care for them. When Sarah is able to keep her younger brother and sister from arguing on weekends, and when she keeps the house really clean, her father is less contentious and less harmful toward her mother. Sarah feels the family's survival depends on her.

Sarah secretly thinks that if she works hard enough and does everything perfectly, her father will stop drinking and her family will be normal. Sarah's learned perfectionism and her secret desire to make everything alright at home has led her to exceptional achievement at school, even though she has to work twice as hard as her peers to make high scores.

At school, Sarah always does everything required, and then asks for extra credit assignments to keep her grades high. Sarah was encouraged by her language arts teacher to run for vice president of the seventh grade student council, and she was elected.

All Sarah's teachers like her and consider her an excellent student. Sarah is cooperative, doesn't cause trouble in class, and volunteers for a variety of school and classroom activities. Consequently, Sarah is praised by her teachers and receives continuous reinforcement.

The mathematics teacher said that if Sarah doesn't understand something, she works hard to try to understand it by herself rather than ask for help. All Sarah's teachers agree that she is more self-reliant than other less motivated students. Sarah's teachers consider her a perfectionist and admit that Sarah is never satisfied with her own work; she focuses on small errors in her work rather than on what she got right.

Although her peers admire Sarah and she is well-known, she has only one close friend. In fact, some students resent Sarah because she is so hardworking, very competitive, and a perfectionist. They call her "teacher's pet." Yet, her peers implicitly acknowledge her leadership abilities at school.

To Sarah's teachers, who equate her achievement and compliance with healthy adjustment and who assume her critical emotional needs are being met at home because of her academic success at school (Deutsch, 1982), Sarah appears exemplary in almost every way. None of her teachers suspects that when Sarah goes home from school each day, especially on Fridays, she re-enters the controlled world of an alcoholic where she has learned to survive by becoming the family hero.

Scapegoat at Home, Underachieving Troublemaker at School

John, a sixth grader, has an older brother in high school and a younger sister in third grade. Although his mother doesn't drink at all, his father is a chronic alcoholic who was fired when he began drinking at work.

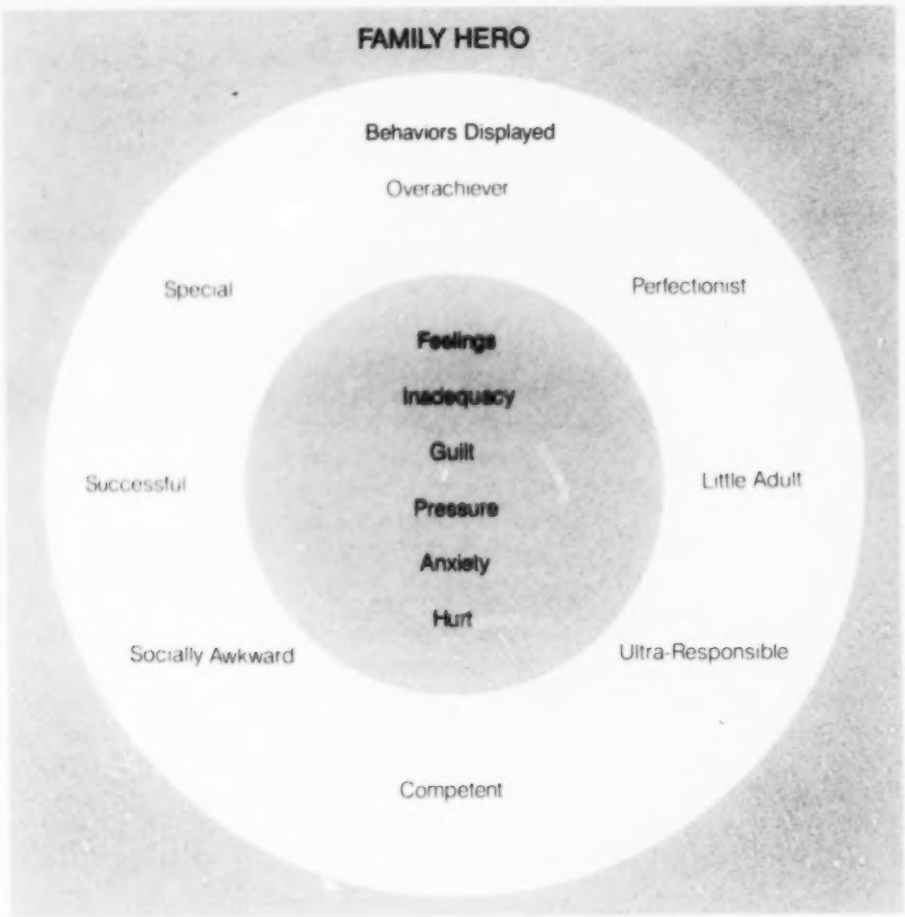
John's father usually begins drinking in the mornings; when John gets home from school, his father is always drunk. In the past, John's parents fought almost every night, openly expressing their rage toward each other. The fights would often become violent, and John remembers very well the night his father tore a door from the wall in a drunken rage.

Once, the police stopped his father across the street from school and cited him for driving under the influence of alcohol. When John came out of the school building with several friends after school and saw his father in the police car across the street, he was embarrassed and immediately ran from school.

FIGURE 1

Characteristics and Interventions of Family Hero AdCOAs

Compiled by Janice Gabe and Judith Jobe



FAMILY DYNAMICS

- Goal of AdCOA: Power and control through positive accomplishments
- Family payoff: Esteem for family
- Parental/adult response: Positive, proud

TEACHER BEHAVIORS TO AVOID

- Letting AdCOA monopolize conversations
- Letting AdCOA validate self-worth only by achieving

CLASSROOM INTERVENTIONS

- Encourage AdCOA to be an early adolescent rather than adult-like
- Encourage social interactions with peers
- Let AdCOA know it is alright to make mistakes
- Promote self-worth that is not dependent on external accomplishments

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What John has learned from watching his father, and from identifying with him (scapegoats tend to identify with alcoholic parents of the same gender), is that if he consistently causes trouble, avoids responsibility, and upsets others, he will get attention. Unfortunately, the quality of this attention is similar to the attention his father gets for his drunken behavior.

John told the mathematics teacher that he wants to drop out of school as soon as he can, and he cuts classes several time a week. John is part of a peer group that tends to defy school authority and ridicules high-achieving students. Members of this peer group are also known to use drugs. Although there is no clear evidence that John is yet using drugs, he has tried to talk other students into using them.

John's acting out behaviors in class, including rage tantrums, are unpredictable and may occur without provocation. Three teachers want John out of their class. One of these teachers said he is not so much a "troublemaker" as he is a "loser."

Lost Child at Home, Unobtrusive Child at School

An eighth grader, Jill is a middle child of nontraditional home environment. Her brother is a senior in high school and fits the stereotypical role of family hero. Her younger sister is in the seventh grade and has become the center of negative attention in the family, always in trouble at home or at school. Jill's mother is an alcoholic and in the past two years has held four different jobs. She has been married three times. The man she is married to now is supportive of all the children, but the negative attention Jill's younger sister is getting demands his time and attention. Jill's mother gets attention for her alcoholism.

With her older brother as the family hero, and with her younger sister as a troublemaker, Jill doesn't seem to have a family role to fill. She feels isolated and spends a lot of time alone at home. When her stepfather and mother fight (usually when her mother is drunk or when her little sister causes trouble) Jill does not interfere. In fact, she does everything possible to avoid conflict, thinking that if she does anything to cause trouble or stress, the family she depends on for her very existence might break apart, at it has done several times before. Jill sees any form of conflict as a threat to stability. Therefore, she has learned to silently adjust to every situation, frequently feeling alone, afraid, and unimportant.

In school, Jill makes average grades. Between classes, she socializes very little, but she does have several friends with whom she socializes and with whom she eats lunch.

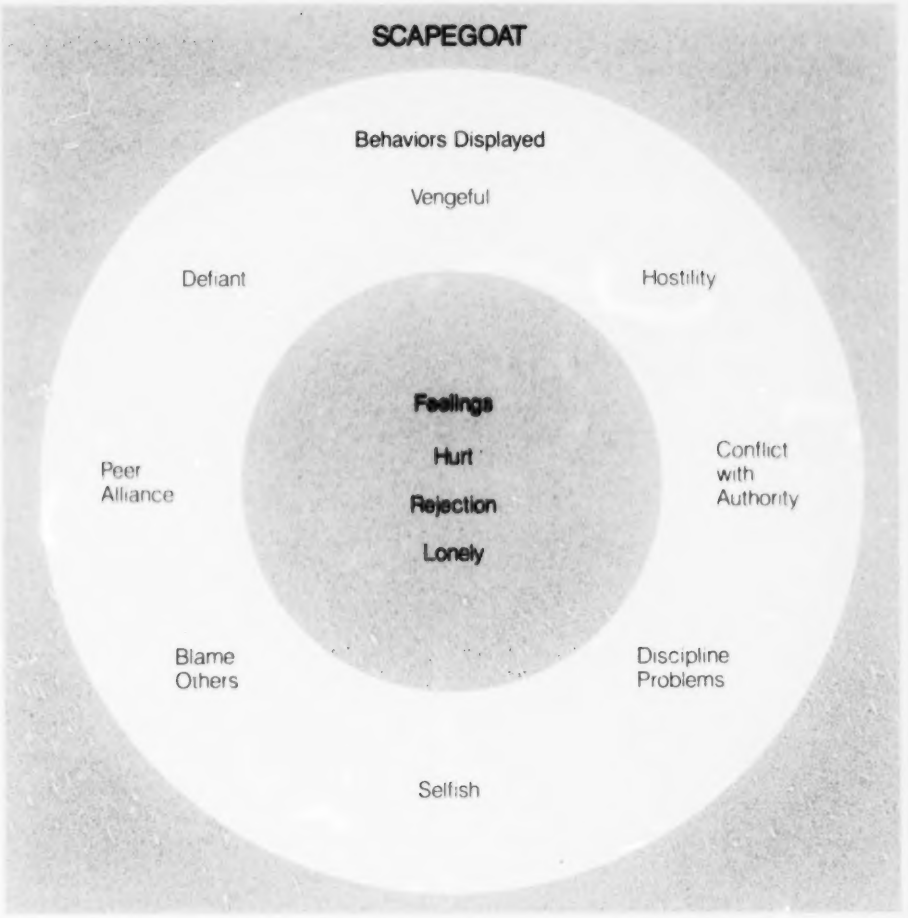
When Jill enters a classroom she usually goes straight to her desk. Her homework is done most of the time, and she always complies quietly with the classroom rules and behavior boundaries set by her teachers. During class discussions she never volunteers answers, raises her hand, or gives an answer. When called upon to give a response, she usually replies, "I don't know" or doesn't answer at all. Jill is not viewed as a school leader or a troublemaker by peers or teachers. In fact, Jill is hardly noticed at all. When asked about Jill, one of her teachers described her this way:

> Jill is quiet and obedient. She never gives me any problems. She is the kind of student who just gets by, not doing super work and not flunking either—just a normal student, only much quieter I guess. I'm surprised sometimes when she does fairly well on tests because she never seems to know answers in class discussions. I remember once when I tried to get Jill to take a leadership role for a class activity. She couldn't do it, got really afraid, and ran out of the room. She didn't run away, though. When I went to look for her in the hall a few minutes later, she was just outside the classroom door. She said she was sorry and that she felt really afraid. She began crying.

FIGURE 2

Characteristics of Scapegoat AdCOAs

Compiled by Janice Gabe and Judith Jobe.



FAMILY DYNAMICS

- Goal of AdCOA: Revenge and power
- Family Payoff: Provides a negative focus, helps avoid issues
- Parental/Adult Response: Anger, revenge, control

TEACHER BEHAVIORS TO AVOID

- Retaliation for misbehavior
- Power struggles
- Taking AdCOA's behavior personally
- Letting AdCOA complain about other students

CLASSROOM INTERVENTIONS

- Provide AdCOA with choices rather than issuing directives
- Consistently follow through with consequences
- Enlist the student's assistance in positive/special tasks
- Respond to AdCOA with fairness rather than anger
- Provide AdCOA with praise and positive reinforcement
- Give AdCOA clear expectations
- Encourage AdCOA to take responsibility
- Develop empathy for AdCOA

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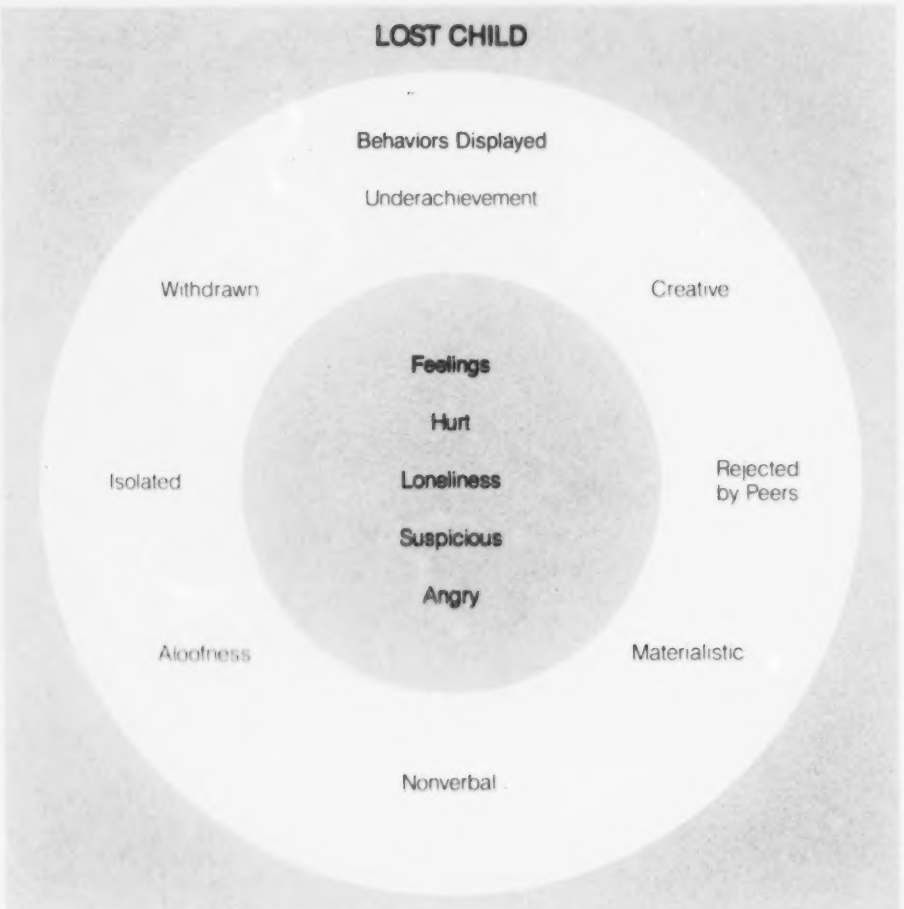
FIGURE 3

Characteristics of Lost Child AdCOAs

Compiled by Janice Gabe and Judith Jobe



FAMILY DYNAMICS

- Goal of AdCOA: Appear inadequate ("Don't expect anything from me.")
- Family Payoff: No problem
- Parental/Adult Response: Ignore, overlook, rescue

TEACHER BEHAVIORS TO AVOID

- Not calling on AdCOAs because they are always quiet
- Answering for an AdCOA or letting other students do the same
- Criticizing child
- Not expecting achievement

CLASSROOM INTERVENTIONS

- Take an inventory; names you forgot may be lost children
- Make contact with AdCOA on a one-to-one basis
- Point out strengths, creativity, and talents of AdCOA
- Encourage AdCOA to talk about personal interests
- Help AdCOA build a positive relationship with at least one other student in the classroom
- Encourage small group participation

Mascot at Home, Class Clown at School

Allen is the youngest of four children. His mother has been a chronic alcoholic for as long as Allen can remember and recently went on a drinking binge that put her in the hospital. She is now in the early stages of a recovery program, but tension still exists at home, where his mother and father fight frequently. Although Allen's father also drinks, he wants to quit drinking since his wife is now in a recovery program.

With hopes for a changed home environment, all family members try hard to eliminate tension around the house. Allen, as the youngest child, is viewed as a source of renewed hope for everyone. When Allen enters a room, arguments between family members end. Allen senses this hidden tension and is afraid of it. He learns that he can relieve his fear and family tension by doing or saying something cute or funny. Allen soon becomes a functional tool for the family and is expected to ease tension by manipulating others with his charm, forced wit, and cute behavior. Because being too serious might mean a family relapse into tension, Allen rarely parts from his mascot role.

When he transfers this role to school, Allen comes across as the class clown. He makes everything into a joke. Allen's humor is occasionally cute, but mostly it is obnoxious and surfaces at odd times. Many of his comments are at the expense of other students. Allen also giggles each time he contributes to class discussions. He is afraid to be taken too seriously, sensing that seriousness leads to tension and strife.

Because Allen's role depends to a degree on being "cute," he is socially immature for his age. In the classroom Allen is hyperactive, which further contributes to his disruptiveness. For example, one day he was sent into the hall because he began barking at other students in the middle of the lesson. When he was standing in the hall he began meowing like a cat. Finally, the teacher sent him (skipping) to the office.

Because he couldn't sit still in class and was continually disruptive, Allen was referred to the school counselor for testing. The counselor found that Allen was suffering from extreme anxiety and fear of rejection—both precursors to possible future substance abuse.

ADCOAS AT RISK FOR SUBSTANCE ABUSE

Parental use of alcohol is one of the most important factors in adolescents' early use of alcohol and other substances, and subsequent substance abuse patterns (Bogdaniak and Piercy, 1987; Tharinger and Koranek, 1988).

Alcoholic parents also suffer psychological and social complications from their drinking, which further exacerbate their children's emotional maladjustment.

Because as many as one-fourth of a school's students may come from alcoholic homes (Allen, 1987), educators should be particularly alert to signs that suggest an addicted parent. These students are more likely to use drugs and other mood-altering substances during adolescence.

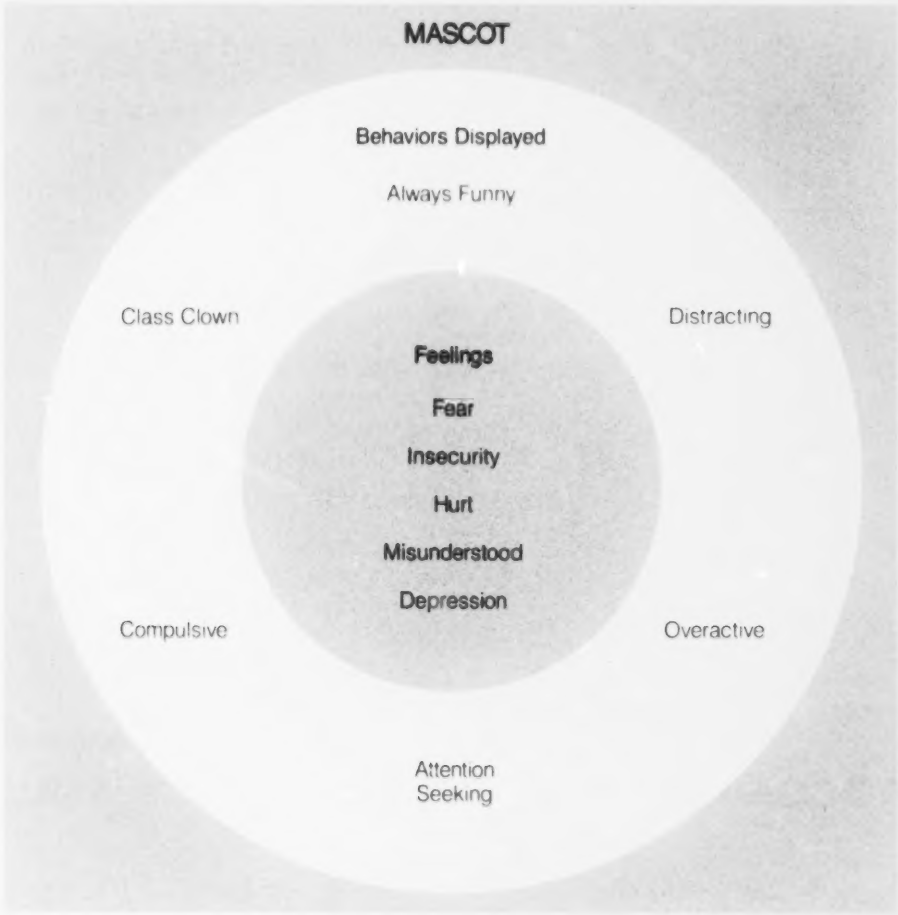
Adolescents who use substances, especially those in later stages of use, rarely ask for help to stop their drug use or drinking. Even more reluctant to ask for help are AdCOAs, who have learned to distrust adults and who are exceedingly self-reliant.

When teachers notice early warning signs for substance abuse (e.g., drop in grades, increased tardiness, change of peer group) they should either speak with the adolescent directly or ask the school counselor to talk with the student. Teachers who intervene in some way might be interrupting the drug use cycle and helping to stop an adolescent from abusing drugs.

FIGURE 4

Characteristics of Mascot AdCOAs

Compiled by Janice Gabe and Judith Jobe



FAMILY DYNAMICS
- Goal of AdCOA: Attention
- Family Payoff: Comic relief
- Parental/Adult Response: Annoyed

TEACHER BEHAVIORS TO AVOID
- Repeatedly stopping to correct behavior
- Laughing when AdCOA is acting inappropriately
- Overlooking AdCOA's feelings

CLASSROOM INTERVENTIONS
- Place AdCOAs where they can't get attention
- Give AdCOAs responsibilities in the classroom
- Reinforce AdCOAs when they are not seeking attention
- Help AdCOAs learn appropriate humor
- Encourage responsible behavior
- Make consistent eye contact
- Hold AdCOAs accountable

▶ ▶ ▶ ▶ ▶ **PART II**

Planning To Help AdCOAs

PREPARING FOR CLASSROOM INTERVENTION: A FIVE-STEP MODEL

If we let AdCOAs use the survival skills they learned at home in the classroom, we become enablers; that is, we actually reinforce AdCOA behavior.

In this section we propose a five-step intervention model that educators can use to identify and interrupt the dysfunctional survival skills AdCOAs use at school (See Figure Five). This model gives educators a structured process for planning school intervention.

The model is designed for teachers, administrators, and counselors to use. The model is most effective when several persons use it simultaneously for the same student. For example, four teachers on an interdisciplinary team can use the model together to plan an intervention for an adolescent on their team.

The first two steps of the model focus on gathering and analyzing information about AdCOA students. Steps Three and Four focus on intervention. The first four steps can be done in a relatively short period of time. However, the final step, follow-up of the implementation, can be maintained for an entire school year.

Step One: Gathering Information

More than one source of information is needed to appropriately and accurately identify AdCOAs in school. We suggest gathering information from at least three sources: students, teachers, and the classroom.

Gathering Student Information

Developing hunches. Educators often know when something is not quite right with a student. The student is too quiet and withdrawn; is never serious; is obsessed with being perfect. To validate hunches about particular students, however, educators need more information.

Checking student records. Attendance records, records of disciplinary actions, and grades can provide valuable clues for identifying AdCOAs. AdCOAs may show a record of being absent on Mondays. Underachieving AdCOAs may have inconsistent grades: several high grades followed by several flunking grades.

Monitoring student behavior. Trends in student behavior, rather than isolated incidents, are necessary to validate hunches about a student being an AdCOA. Isolated incidents are insufficient, since early adolescent behavior tends to be unpredictable in its normal state.

FIGURE 5

Five-Step Model for AdCOA Classroom Intervention

1 GATHER INFORMATION
- 1.1 Gather student information
- 1.1.1 Develop hunches
- 1.1.2 Check student records
- 1.1.3 Monitor student behavior
- 1.1.4 Talk with colleagues
- 1.1.5 Talk with targeted student
- 1.1.6 Talk with parents
- 1.2 Gather teacher information
- 1.2.1 Check for enabling behaviors
- 1.2.2 Determine reasons for enabling behaviors
- 1.3 Gather classroom information
- 1.3.1 Examine social climate of classroom
- 1.3.2 Examine academic climate of classrooms

2 ANALYZE INFORMATION
- 2.1 Confirm no indication of alcoholic parent
- 2.2 Confirm some indication of alcoholic parent
- 2.3 Confirm significant indication of alcoholic parent

3 PREPARE FOR ADCOA INTERVENTION
- 3.1 Decide goal and expected outcome of intervention
- 3.2 Decide parameters of intervention
- 3.3 Decide how to present information to AdCOA
- 3.4 Decide whether to involve AdCOA's parents
- 3.5 Decide on caring and listening techniques
- 3.6 Decide strategies for building self-esteem
- 3.7 Decide changes in classroom climate

4 IMPLEMENT ADCOA INTERVENTION PLAN
- 4.1 Adhere to consequences for goals and outcomes
- 4.2 Share responsibility of intervention plan with AdCOA

5 IMPLEMENT FOLLOW-UP ACTIVITIES
- 5.1 Establish timeline for progress
- 5.2 Maintain accountability for goals and outcomes

Talking with colleagues. Have colleagues noted any changes or trends in the student's behavior, attitude, performance, or peer groups? Have colleages talked with the student about family problems at home, or about personal problems at school?

Talking with parents. Talking with parents about the student's performance or behavioral problems, or to praise good work of the student, can provide information about the home situation. A parent who is drunk at mid-day, or a co-dependent parent who talks mostly about family problems, are indicators of an addicted family.

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Gathering Teacher Information

Although we need much information about potential AdCOAs, gathering information on teacher behavior relative to the student can be helpful in identifying an AdCOA.

Checking for enabling behaviors. Teachers' enabling behaviors allow AdCOAs to continue using their dysfunctional survival skills in the classroom. Examples of teachers' enabling behaviors include:

- Not confronting the behavior
- Continuously giving "one more chance"
- Never confronting obvious dysfunctional behaviors.

Determining reasons for enabling behavior. Teachers might be enabling students for various reasons. Some of the reasons are well-intended; others are done for self-protection. Teachers and students may enable an AdCOA:

- To avoid classroom confrontations with him or her
- To avoid talking with AdCOAs about dysfunctional classroom behavior, thinking it helps them cope better with home problems
- Because they simply do not know what else to do with the student
- Because it's easier to let AdCOAs get by with dysfuncional behavior rather than deal with it.

Gathering Classroom Information

Taking a close look at cultural, social, and academic climates of the classroom can provide information about how a targeted AdCOA is influenced by and influences classroom dynamics. Questions to consider include: How does an AdCOA attempt to control small-group and large-group activities? How is the classroom climate influenced by a particular AdCOA? Teachers can ask themselves, "Do I find myself continuously reacting differently to one particular student than to other students? What is the nature of this reaction?"

Classroom information can also be gathered through the reflective techniques described earlier. Thinking reflectively during the information-gathering process can lead to insights into the relationship between the targeted student and the classroom environment.

Step Two: Analyzing Information

Once information has been collected from multiple sources, it needs to be carefully reviewed and analyzed. Student records should be reviewed once again, verbal reports from colleagues need to be carefully considered, and observations of student behavior can be validated by additional observations, if needed.

As information is analyzed, educators should consider whether or not the targeted student's school behaviors align with any of the roles that AdCOAs fill (i.e., family hero, scapegoat, mascot, lost child). From this analysis, one of three things usually happens:

No Indication

The information provides no indication that the targeted student has an alcoholic parent. The student may be having complications other than those brought about by an addicted family.

Some Indication

The information provides some signs that the targeted student might have an alcoholic parent. In this case, additional information is gathered over a longer period of time to monitor the student's behavior.

Significant Indication

The information provides relatively strong indications that the student is an AdCOA. In this case, classroom/school intervention strategies are planned.

Step Three: Planning Intervention Strategies

Any intervention strategy for AdCOAs, as for all students, is most successful when it is well-planned. To avoid ineffective interactions, intervention needs careful preparation involving teachers, school counselors, and administrators. If the information gathered suggests that the teacher and/or students have been enabling an AdCOA, then strategies are also needed to alter this enabling behavior.

Decide the Goal and Expected Outcome of the Intervention

What is the goal for the intervention program? What behaviors suggest the goal has been achieved? The goal might be for a withdrawn student to become willingly involved in classroom social activities. Another goal might be for the class clown to use humor only occasionally and in appropriate circumstances.

Decide Parameters of the Intervention

Where will the intervention begin? Who will begin it? How many educators will be involved? How long will the intervention last? The more persons involved in the intervention program, such as an interdisciplinary team of teachers, the greater the likelihood for its success.

Decide How Information Is To Be Presented to the AdCOA

Who will approach the student with the intervention plan? What information will be presented to the AdCOA so he or she doesn't feel afraid and isolated? How will confidentiality of the student be protected? These issues must be clearly outlined. If too many teachers approach the AdOCA at once, he or she may become frightened. Sensitivity is vital.

Decide Whether Parents Should Be Involved

Will the parents be informed of the intervention plan? If so, how will they be told? Who will tell them? What are the implications of telling parents? If the parents participate and support the school intervention plan, it is important to review what will happen with the student ahead of time. Parents should not be made to feel defensive or responsible. Rather, they should be made to feel as though they are an important part of the intervention plan.

Decide What Caring and Listening Techniques Will Be Used

How will the AdCOA be cared for? What listening techniques should teachers be encouraged to use with the AdCOA? What will be the consequences if the AdCOA fails to comply with the intervention program? Teachers need to realize that caring for AdCOAs means changing their classroom behavior. This can be a challenging process that requires patience, persistence, firmness, and flexibility.

Decide Strategies for Building Self-Esteem

What classroom/school activities are best suited to helping targeted AdCOAs build self-esteem? How often should these activities be used? Because low self-esteem is a trademark of AdCOAs, a central focus of the intervention program should be to help the student build self-esteem by participating in the esteem-building activities suggested earlier.

Decide Changes in Classroom Climate

Is the teacher enabling AdCOA behaviors? How does the class climate foster dysfunctional habits of the AdCOA? Not only does the intervention plan involve changes for the student, it may very well involve changes in the teacher's behaviors and in the way classmates interact with the AdCOA.

Step Four: Implementing the Intervention Plan

After the intervention has been carefully planned and orchestrated with key school personnel—and with parents when appropriate—it should be implemented. Successful implementation, however, depends on several key factors:

DO . . .

- Maintain an atmosphere of care and concern toward the AdCOA. Build trust with AdCOAs before implementing the intervention plan. Help AdCOAs feel safe.
- Establish clear ground rules for the intervention. Let AdCOAs know the rules.
- Let AdCOAs know the goal and expected outcomes of the intervention plan. State the goal and expected outcomes clearly and succinctly.
- Present facts to AdCOAs: what you see, know, and hear. AdCOAs can't argue with facts, but they will argue with opinions. Be specific about the facts. For example, share fluctuations in grades.
- Stay focused on the intervention plan. Avoid arguing with AdCOAs about the plan or making unnecessary changes.
- Ask AdCOAs to respond to your intervention plan. When appropriate, have AdCOAs add their own goals and outcomes to the intervention plan.
- Be clear about consequences for not achieving goals and for not changing inappropriate AdCOA behavior.

DON'T . . .

- Make generalizations and present facts to AdCOAs in vague terms. This makes it too easy for these students to refute your claims, argue their case, and deny your observations.
- Threaten AdCOAs with the intervention plan or give them ultimatums.
- Bargain with AdCOAs about the plan.
- Make judgmental statements about AdCOAs or about their home life. Avoid statements like, "I don't know what has gotten into you lately, you are so irresponsible."
- Label AdCOAs. Knowing AdCOAs are children of alcoholics and calling them that are very different things. An appropriate way of talking to AdCOAs might be, "We are concerned about your behavior in the classroom and we want you to be able to act in a way that is more helpful for you and your friends."

Step Five: Follow-Up to the Intervention

Following up the intervention plan is central to its success. Some idea of a follow-up should be considered during Step Two. As the plan is implemented, follow-up strategies should be refined so it becomes an extension of the remediation plan. The follow-up plan should include a timeline with checkpoints for assessing progress on goals and outcomes. The plan should be flexible so changes in goals and outcomes can be made as the student makes progress or fails to comply.

Letting AdCOAs know what the follow-up will be is also important. Helping them develop a timeline with clear consequences for not meeting stated objectives is very important.

DEALING WITH ALCOHOLIC PARENTS

One of the most challenging aspects teachers have in working with AdCOAs is dealing with their parents.

It is well beyond the scope of this work to provide an extensive discussion of alcoholic parents. What we wish to focus on briefly here are myths that educators might have regarding alcoholic parents. In dispelling these myths educators may feel less fearful of calling home to talk with parents, either to praise their child's school performance or to seek help in correcting inappropriate classroom behavior.

In the classroom, teachers must work with AdCOAs regardless of how difficult or pleasant this job might be. Understanding the needs of the AdCOAs and knowing how family roles manifest themselves in the classroom will help teachers work with these students.

While teachers must help AdCOAs in the classroom, it is not the teacher's job, nor is it within their expertise, to confront parental drinking. This is the responsibility of social workers, school psychologists, or other persons who have training in addictions therapy and family issues.

Nevertheless, teachers must talk with these parents throughout the school year about classroom-related issues. Discussion of the following myths may help teachers better understand alcoholic parents and build their confidence in dealing with them.

Myths and Facts of Alcoholic Parents

MYTH 1: AdCOAs will not get better unless the parent stops drinking.
FACT: Children from addicted families are amazingly resilient and resourceful. With help, support, and guidance, many children from addicted families do well even if their parents continue to drink and abuse substances.

MYTH 2: Alcoholics do not care about their children and therefore will not cooperate with the school.
FACT: Addicted and alcoholic parents love their children. They will often cooperate with the school to help their child. Alcoholic parents, however, are often afraid they will be blamed for what is happening with their child at school. If they feel blamed, they will become defensive.

MYTH 3: Alcoholic parents are unwilling to have their children receive professional help, either individually or in support groups.

FACT: Alcoholic and addicted parents are often willing to have their children participate in professional counseling. When children get into counseling, this is the first step toward a family recovery program.

MYTH 4: AdCOAs need to confront their parents' drinking or drug use.
FACT: Kids don't need to confront their parents about drinking or drug use. These confrontations could lead to physical or verbal abuse of the AdCOA from a drunken parent. AdCOAs do need to learn they are not responsible for their parents' drinking and drug use. They also need to realize they cannot control their parents' behavior. Furthermore, these young people can recover without having to address their parents' drinking or drug use.

MYTH 5: Shifting the focus from AdCOAs to their parents is necessary.
FACT: When dealing with AdCOAs' parents, the focus must be kept on the AdCOA, not the parent. Shifting the focus to the parent may make them defensive and uncooperative.

Getting Parental Cooperation

Parental cooperation is an essential ingredient to helping AdCOAs, but how can this cooperation be obtained without harming the AdCOA? The following tips should help teacher, administrators, and school counselors obtain parental cooperation for helping AdCOAs in school.

Support Parents

Teachers should let parents know that they are trying to support their child at school, and that teachers realize the parents do care for their children.

Look for Strengths

Teachers should compliment parents. For example, when parents call the school to discuss their children, teachers should let parents know they appreciate the phone call.

Avoid Criticism

Teachers should remember that parents often feel they have failed and are afraid they will be harshly judged or criticized. Educators should not criticize parents in phone conversations or school conferences.

Specify AdCOA Classroom/School Behavior

When teachers discuss their concerns about student behavior, they should be specific and factual. This decreases parental defensiveness and increases cooperation.

Ask for Parents' Help

Teachers should let parents know when they need their help in dealing with an AdCOA. Statements like, "We know you care about your child and we knew you would want this information," increases parents' self-esteem and the likelihood that they will follow recommendations.

Maintain Focus on the Student

Teachers should keep the focus on the student. Parents who are spouses of alcoholics might try to shift the focus of the conversation away from the student and toward the family or the

alcoholic parent. Teachers can offer a referral to a counseling agency if parents want to address their personal issues, but the teacher's responsibility is to help the student.

Understanding Parent's Addiction to Alcohol

Teachers should remember that addicted parents and their spouses are not bad people. Rather, they are people who are faced with a disease that is often devastating for them and their family members. Alcoholic parents are often doing the best they can with the limited resources they have.

▶ ▶ ▶ ▶ ▶ **PART III**

Classroom Strategies for Reaching AdCOAs

CARING AND LISTENING

AdCOAs carry thick shields to protect themselves from a home life of confusion and uncertainty.

Two of these shields are "don't trust" and "don't feel" (Black, 1981). AdCOAs don't put their shields down when they are outside their homes; consequently, at school they are continuously defending themselves, even from persons and situations they could safely trust.

Teachers must help AdCOAs set aside their shields, if only briefly, so they can learn how to effectively and appropriately interact with others in the school. Because AdCOAs tend to hold tightly to their shields even in safe places, teachers must be patient with them as these educators slowly learn new ways of communicating with both peers and teachers.

Precursors to Effective Caring and Listening

Caring and listening techniques used with AdCOAs are more effective when trust has already been established and when students are given time and understanding.

Building Trust

Once AdCOAs are identified, teachers must let the students know that they are aware of how AdCOAs feel. This helps build trust and communication between teachers and AdCOA students, and helps teachers more effectively use listening and caring strategies to help AdCOAs adjust appropriately to social and academic situations in the classroom.

Morehouse and Scola (1986) underscore that, "When the student knows the teacher understands the feelings of having an alcoholic parent, it is easier for the student to share feelings and concerns."

AdCOAs who share their feelings with selected teachers about their parents' drinking will inevitably develop trusting relationships with these teachers. Since AdCOAs tend not to trust others, especially when some level of intimacy is involved (Tharinger and Koranek, 1988), educators should remember the sensitive nature of this trusting relationship and should do everything possible to safeguard it. Teachers should also remember that building trust with AdCOAs is a slow, gradual process.

Showing Patience

AdCOAs who fill the roles of class clown and underachieving troublemaker know every trick in the book for bothering other students and for interrupting lessons; they are indeed "difficult clients" (Kottler, 1992).

Yet AdCOAs are doing little more than acting out the behaviors and social skills they learned at home. That is, they are holding up their shields at school to protect themselves from the rejection, isolation, and fear they internalized at home. Realizing this may help teachers be more understanding and patient with AdCOAs.

However, being patient doesn't mean letting AdCOAs get by with inappropriate behavior in the classroom. On the contrary, AdCOAs may need to be removed from the classroom for individual discussions with teachers and guidance counselors, and for thinking carefully about how their inappropriate behaviors influence the classroom climate.

Rules for Implementing Caring and Listening Techniques

The caring and listening techniques suggested below are intended to be used with AdCOAs during classroom lessons, although they can and should be used at other times, especially during individual conferences with students. First we offer some basic rules for implementing caring and listening strategies in classrooms (Kottler, 1992).

Avoid Retaliation

When AdCOAs misbehave in class, teachers should try to enforce limitations without being punitive. Not only are AdCOAs accustomed to punitive measures like harsh scolding and belittling from an alcoholic parent, they have well-developed defense mechanisms for protecting themselves from these things.

Being harsh to AdCOAs does little more than encourage them to hold their defense shields more firmly, more determined to let nothing harm them.

Define Rules and Roles

Teachers must clarify all classroom rules and boundaries for acceptable behavior, quickly let AdCOAs know when they have gone outside these boundaries, and not make exceptions for AdCOAs. Enforce classroom rules firmly but fairly. Being inconsistent with rules may further aggravate an AdCOA's mistrust of teachers.

Remain Flexible

Because some AdCOA behavior is unpredictable, teachers may never know when an AdCOA will act out. Teachers must be flexible with their own behavior, remaining calm when AdCOAs act out.

Be Pragmatic

Teachers should be willing to try different caring and listening techniques at different times. Some techniques won't work with certain AdCOA behaviors. More difficult AdCOAs, especially underachieving troublemakers who test teachers' patience, will require teachers to adapt their techniques to difficult situations more often.

Express Personal Feelings

Regardless of whether an AdCOA's behavior is reticent and withdrawn or belligerent and intrusive, teachers need to tell AdCOAs how they view the students' classroom behavior. This lets AdCOAs know that teachers have feelings, too, that they can honestly share those feelings, and that teachers care enough about themselves and about AdCOAs to share these feelings openly and honestly.

Be Compassionate

AdCOAs are anxious and confused. Although it may seem that some AdCOAs are only there to ruin the class, actually they are merely protecting themselves in ways that are socially and emotionally dysfunctional. Being compassionate and understanding with AdCOAs may help build trust and ultimately eliminate classroom problems.

Caring and Listening Techniques

Taken from the work of Kottler (1992) and Gabe (1989), these caring techniques can be used with all students, although they are particularly important for AdCOAs. Over time, these techniques can communicate a caring attitude to students.

Ask AdCOAs About Their Feelings

AdCOAs are often unsure of what normal feelings are. Moreover, AdCOAs who become compulsive caretakers of other persons (i.e., family heroes) are more preoccupied with helping others than tending to their own needs. Therefore, even simple questions about feelings can be hard for AdCOAs to answer.

Knowing how difficult it is for AdCOAs to express their feelings, teachers should handle student responses carefully and sincerely, helping to build a trusting relationship.

Help AdCOAs Set Personal Boundaries

At home, AdCOAs are unable to develop a clear sense of self, and thus are unable to develop personal boundaries; their boundaries become those of their alcoholic parent(s). Intrusive classroom behavior (e.g., interrupting other students during class discussions, acting out in class) is typical for AdCOAs who are unable to set boundaries for themselves. Helping AdCOAs understand the concept of boundary and giving them responsibility for setting personal boundaries for their classroom behavior may help them recognize how and when they cross boundaries.

Maintain Consistent Classroom Structure

AdCOAs live in an unpredictable environment where social and family structure is arbitrarily determined by the alcoholic. In response to this environment, some AdCOAs impose on themselves a rigid set of limitations. Altering this structure causes anxiety and fear. By imposing their structure on others—manipulating—they take control of individuals (e.g., peers, girlfriends, boyfriends) and groups (e.g., small group work, whole classrooms).

Maintaining consistent classroom structure with clear rules for behavior helps AdCOAs learn the value of structure and may help some AdCOAs overcome their manipulative behaviors. Frequent rule changes and inconsistent classroom expectations may cause them undue anxiety. Manipulative AdCOAs respond negatively to changes in classroom structure and attempt, at least for a short time, to assert their own control over the classroom. Without firm structure, AdCOAs are left to their own design for creating structure, which may result in chaos and confusion.

Acknowledge AdCOA Dysfunctional Behavior

Once AdCOAs are identified, their dysfunctional behaviors are more easily recognized. What is important, however, is that these behaviors be effectively interrupted. This means teachers must:

1. Recognize dysfunctional behaviors.
2. Know how to interrupt them.

As noted above, punitive responses for disruptive behavior are generally counterproductive and may very well be warning signals to AdCOAs that classroom battle is imminent and defense shields should be fastened securely. A more effective teacher response, whether the behavior involves classroom disruption or social withdrawal from peers, includes having a private conference with the student. This allows teachers to express their feelings about what is happening, to help AdCOAs express their feelings, and to talk privately about inappropriate behaviors.

Show Genuine Interest in AdCOA Needs

Although AdCOAs might be unaware of their own needs, they do have special needs related to the roles they adopt at home (e.g., need to build self-esteem, need to develop a wholesome self-image, need to feel loved, need to lower anxiety level, need to feel important). Showing interest in these needs, however, may be tough for teachers when they are already occupied with inappropriate behaviors of other students.

Telling AdCOAs that you honestly care about them, that you know they have special needs, and that you would like to try to meet these needs will show a genuine interest and will build trust.

Provide Outlets for Anxiety

High anxiety is common for AdCOAs; situations that cause them additional anxiety should be avoided. For example, putting AdCOAs who are loners in front of large classrooms of students or in strong leadership positions in class activities is unwise. Keeping class-clown AdCOAs in isolation for long periods increases their fear of being alone. While these behaviors must ultimately be changed, such changes should be slow and gradual, with the cooperation of the AdCOA and under the protection of the teacher, rather than forced and full of risk. Teachers must be sensitive to the heightened emotions of AdCOAs and must work with them to bring about changes without increasing their anxiety level.

Avoid Heavy Confrontation

During confrontations, AdCOAs merely raise their defense mechanisms to deflect verbal attacks from teachers or peers. Not only do teachers lose personally in a confrontation with AdCOAs, they lose valuable instructional time and the respect of other students.

AdCOAs should be removed from the classroom when a serious confrontation is imminent. A calm, private conference in the hallway or in a conference room allows teachers to communicate more effectively with trouble-making AdCOAs. In this way, communication can be open and more effective.

Private conferences free from confrontation let AdCOAs know that teachers care and will try to work with them as much as the classroom dynamics allow.

Give AdCOAs a Positive Self-Image

AdCOAs have poor self-images and tend to have low self-esteem. In fact, helping AdCOAs see themselves as valuable and worthwhile persons may be the teacher's biggest challenge.

AdCOAs often see themselves as failures, even when they succeed. To help AdCOAs build positive self-images, teachers should praise them when they do well on class assignments and when they participate in class discussions. These students need to feel they are valuable persons. (Esteem issues for AdCOAs are addressed later in this book.)

Listen to AdCOAs with Empathy

In the fast pace of the school classroom, where teachers have to deal with many students, time is always scarce. However, teachers must realize that spending a few minutes during the day listening to needful AdCOAs might quickly build trust and thereby alter inappropriate behaviors.

Teachers can be willing, empathetic listeners, but without a trusting environment, AdCOA students might be reluctant to share their needs or their feelings. Our experience suggests that these students are willing to open up and build trusting relationships with teachers who spend even a few minutes of their day talking with students.

Encourage Shy AdCOAs To Talk About Themselves

Some AdCOAs, such as those who are lost children at home, rarely talk in school. They are shy and withdrawn. And because they view themselves as unimportant, they avoid talking about themselves.

We recommend asking these students an occasional question that is safe and invites an innocent response. "How are you feeling today?" might be such a question. As mentioned earlier, AdCOAs are masters at shifting the focus away from themselves, but an attentive, empathetic listener will be aware of divertive responses and maintain focus on the AdCOA.

Neutralize Hostility by Caring and Listening

Repressed anger and hostility are traits AdCOAs can express in various ways in the classroom. Kottler (1992) suggests strategies that can neutralize hostility in AdCOAs:

1. Establish rapport and trust with AdCOAs before talking about personal, sensitive issues.
2. When talking with AdCOAs, avoid long silences, which can cause tension and anxiety.
3. Share personal feelings with AdCOAs while staying within acceptable boundaries.
4. Do not expect AdCOAs to talk about more than they are comfortable disclosing. Probe for additional personal information only when they are comfortable talking to you.
5. Avoid siding with AdCOA parents or with AdCOAs when AdCOAs disclose information about their home life.

Types of AdCOA Resistance

AdCOAs may try to resist educators' efforts to care for them at school. Five types of resistance are (Kottler, 1992):

1. Self-Sufficiency

AdCOAs are accustomed to caring for themselves. In fact, many AdCOAs take pride in not asking for help and not reaching out to others. They are fiercely self-sufficient. Therefore, they may resist teachers' help because of the independence and self-sufficiency they have acquired as survival skills at home. These students must learn to accept help and support from others.

2. Lack of Understanding

A nurturing, caring environment is typically not part of the alcoholic home life. Therefore, AdCOAs simply might not understand what a teacher is trying to do by using caring and lis-

tening techniques. Teachers may need to use caring strategies for many months before AdCOAs understand and are able to respond positively to a nurturing teacher.

3. Insufficient Skills and Knowledge

Some AdCOAs may understand and acknowledge the teacher's efforts and suggestions, but may lack the skills to implement suggestions or to reciprocate an empathetic attitude toward teachers and peers. These students are not being indifferent to help, but rather are unsure how to change their behavior. AdCOAs need guidance to build the skills to function appropriately in social settings.

4. Lack of Motivation

Some AdCOAs might have such a low self-concept and feel so utterly defeated and controlled at home that they lack any sort of motivation at school. They see themselves as unwanted and without value. Teachers must look for things that motivate and inspire these AdCOAs and that set them up for success (i.e., build positive expectations).

5. Fear of Trust

A final form of resistance is fear of trust. This becomes especially prominent immediately after a teacher makes initial progress with AdCOAs only to find them regressing to old habits. This is often disappointing for teachers who think they have finally broken through personal barriers. AdCOAs have trouble trusting others—especially adults. So when they put a small bit of trust in the teachers, they may initally hide once again behind their defensive shields because they are afraid the trust will be taken away. By showing patience with AdCOAs and by sharing personal feelings with them, teachers can reassure AdCOAs that trust will continue.

A Note of Caution

As teachers begin to use caring and listening strategies to help AdCOAs shed their dysfunctional habits, they must be alert to subtle manipulation strategies AdCOAs use to control their environment. Many AdCOAs are adept at manipulating people and situations.

Teachers must use caring techniques to bring AdCOAs carefully and gently out of their self-protective, albeit counterproductive, spheres. Getting entangled with AdCOAs on their terms does little more than enable them to maintain their dysfunctional behaviors.

Although AdCOAs pose behavioral challenges for teachers, they are often unaware of what they are doing and may even be oblivious to the effect their behaviors have on other students. In the midst of busy classrooms where hundreds of decisions are made every hour, teachers are challenged to help AdCOAs productively and effectively interact in the classroom and to help them reach their academic potential.

UTILIZING ADCOAS' PERSONAL AND ACADEMIC STRENGTHS

Darlene is a middle level teacher who has been recognized for her success in reaching many of the AdCOAs who are assigned to her language arts/reading/social studies block.

She credits her success to three factors:

1. Her understanding of AdCOAs
2. Her ability to establish trust
3. Her search for exploratory learning experiences that match the AdCOAs' needs and strengths.

A Teacher's Story

"I used to scoff at all the talk about co-dependence and dysfunctional families as sorry excuses for people not assuming responsibility for their own lives. That stance, I came to realize, was part of my own defense system, part of my own denial.

"You see, I, too, am an adult child of an alcoholic mother. I have spent the last three years of my life working on my own recovery program. I have come to recognize the symptoms of the co-dependence I developed while growing up in an alcoholic family.

"One symptom of co-dependence I have displayed more than my share of is controlling. To tell you the truth, I think I was subconsciously attracted to teaching because it gave me the opportunity to exert control over so many people on a daily basis. In my own classroom, I was in ultimate control and, by all appearances, I was an effective teacher. My principal thought so, my teacher peers thought so. But ultimately, I came to know what I suspect my students knew all along: I was hiding a secret of my own identity from them and from myself.

"Now I am learning to reconnect to my childhood. I am regaining my emotional and mental health and my self-esteem. Although I still have a number of personal issues to work on, I am able to disclose much about my own adolescent shame and anxieties to the ADCOAs in my class. But most of all, I am learning to let go of my controlling behavior. This has helped me understand what it really means to be a teacher. I now trust my students and they trust me.

"I have discovered strengths within myself I never realized I possessed. Children from addicted families, I have learned, are their own worst enemies. Overwhelmed by the guilt and shame of our addicted family secret, we constantly put ourselves down.

"In learning to recognize and celebrate my own strengths, I discovered the remarkable strengths of the adolescent children from addicted families in my own class. One area of strength we share is that we know how to struggle for survival. When my students began to recognize their own personal strengths, I was able to help them begin to find the personal, social, and academic success they had despaired of finding."

Middle level teachers do not have to be adult children of alcoholics to effectively reach AdCOAs in their classroom. They must, however, learn to understand and recognize the needs and behaviors of AdCOAs. They also must work on the listening-caring techniques described above to earn the trust of these wary students. The most effective way we know for middle level teachers to acquire the skills they need to help AdCOAs find academic success is to receive mentoring from teachers like Darlene.

Using Classroom Exploratory Experiences

Darlene believes in providing an exploratory, experience-based curriculum that matches the strengths and interests of all her middle level students.

In her social studies class, her students learn the consequences of substance use by interviewing recovering substance abusers, police, and a prosecuting attorney.

In reading class, they add to the information they collected from these experts by combing library sources for more useful information. Their learning is then translated in the language arts class into small-group projects. One group prepares a videotape for elementary school students, another plans a slide-tape documentary.

Darlene says these exploratory experiences help all her students. "It helped to bring my AdCOAs out of their cocoons. They come to realize they are not the only ones to suffer from the substance abuse of their parents. It gives AdCOAs a safe forum for talking about the facts of addiction and this is very helpful in beginning to reduce the shame and guilt that makes them feel so isolated.

"It also helps my 'normal' students from non-addicted families," Darlene affirms. "Adolescents can be very cruel and intolerant of anyone who is different. These kinds of activities, based on the facts of addiction, have helped these typical middle school students show more compassion to their peers who come from addicted families. It also helps them be less smug when they realize that they, too, can become the victims of substance abuse."

Building on AdCOA Strengths

Middle level teachers have found many other ways to build on the strengths they discover in AdCOAs. Although these strengths vary from student to student, several strengths are common to AdCOAs. Darlene identified one already: These children are survivors. They have learned strategies for surviving in an adult world. Many of these strategies, like the controlling behaviors, are dysfunctional, but some may prove a source of potential strength for finding personal and academic success.

Middle level teachers, counselors, and administrators in classrooms, individual conferences, and student assistance programs can use the descriptions of the potential areas of AdCOA strength identified by Wegscheider (1976) for each of the four survival roles. They can also add those individual qualities and strengths they observe in each AdCOA.

Family Heroes

The family heroes, recognized in classrooms as teacher pleasers and high achievers, can learn to accept failure and become responsible for themselves. With these new strengths, the family heroes can develop strong leadership and communication skills that will enable them to become successful executives.

Scapegoats

The scapegoats, recognized for their defiant, hostile classroom behaviors, often display courage, compassion, and loyalty. When recognized and built upon, these three important strengths can help scapegoats learn to gradually accept more and more responsibility. These children of alcoholics often become successful counselors and social workers.

Lost Children

Lost children, made visible in classrooms by their repeated attempts to become invisible, possess two sources of potential strength: imagination and independence. When this independence is channeled into constructive risk taking, the lost child can take advantage of his or her imagination and creativity to become more enthusiastic about living, learning, and achieving. In addition to careers in the arts, lost children have also become successful in fields of research and technology.

Mascots

Those AdCOAs who have assumed the survival role of mascot also possess strengths that can be used as a springboard to academic and personal success. Recognized in classrooms for their perpetual clowning and inability to take anything seriously, mascots possess humor, a strength that too frequently is unappreciated in school classrooms.

The mascot uses humor at home to provide the comic relief the addicted family needs to deal with the fear and uncertainty of daily life. Teachers should take advantage of this potential strength by helping these students turn their compulsive clowning into constructive activities such as theatrics or cartoon strips for the school newspaper or dramatics. Mascots have become successful sales personnel, communications specialists, and entrepreneurs.

THINKING ABOUT ALCOHOLISM, INSTRUCTION, ATMOSPHERE

Thinking about the nature of alcoholism and learning about family dysfunctions can promote teacher sensitivity to AdCOAs' school needs.

The following key points can serve as a framework for thinking about alcoholism in general and for considering how alcoholism influences classroom culture and teacher instruction.

- Alcoholism is a family disease. All family members acquire dysfunctional habits as they become co-dependent with the alcoholic.
- Alcoholism has psychological stranglеholds on family members, including denial, co-dependency, guilt, isolation, fear, and anger.
- Those who live with an alcoholic take on family roles that serve the needs of the alcoholic. These roles, which include dysfunctional behavior and heightened emotions, are socially counterproductive in both childhood and adulthood.

Thinking About Self as Teacher

Teachers should think about their feelings toward AdCOA issues and consider how their backgrounds and present circumstances influence their classroom teaching.

- Teachers who are adult children of alcoholics may need to resolve latent issues and address dysfunctional behaviors before they can effectively help AdCOAs. They may also have classroom climates that are influenced by their own dysfunctional behaviors.
- Teachers' attitudes toward drinking and toward dysfunctional behaviors might influence their potential for helping AdCOAs in the classroom. Values clarification about drinking may help illuminate biases toward AdCOAs and alcoholism.
- Teachers' classroom instruction is influenced by personal prior experiences. Teachers should consider how their classroom instruction is linked to their past.

- School personnel should decide who will help AdCOAs at school and determine what responsibility various players at school (i.e., teachers, counselors, administrators) have to help AdCOAs in the classrooms.
- Teachers must be cautious about overlooking AdCOA students whose behavior is not overtly dysfunctional.
- Teachers should assess their willingness to help an AdCOA at school and think carefully about why they might be reluctant to provide such assistance.
- Teachers must assess their fears of AdCOAs' parents—especially the alcoholic parent. These fears can interfere with providing assistance to AdCOAs.
- Teachers should consider ways to build trust with AdCOAs at school.

To learn about AdCOA issues and about how classroom cultures created by teachers may be fostering dysfunctional behaviors, teachers can reflect on AdCOA issues alone or in small groups. This reflection can take the form of individual reflection activities such as action research, autobiography, personal journal, simple awareness exercises, and group reflection.

Helping AdCOA Students Think Reflectively

Like teachers, AdCOA students can learn to think reflectively about their feelings, behaviors, and social interactions. And students, like teachers, can derive important benefits from reflection, including increased self-awareness and modified behavior. If there is a positive, trusting relationship between teacher and AdCOA, teachers can use simple techniques for helping AdCOAs become more reflective in their classrooms. Morehouse and Scola (1986) note that this is ideally done by a school social worker, school psychologist, or guidance counselor.

We suggest four simple techniques for helping AdCOAs think about their classroom behavior: holding individual conferences, asking key questions, confronting honestly and gently, and sharing responsibility.

Holding Individual Conferences

Holding individual conferences with AdCOAs outside the classroom helps encourage more honest and open expression of feelings, helps teachers address inappropriate behavior, and facilitates the building of a trusting relationship between teachers and AdCOAs. In these conferences, students are also more likely to talk about what is going on at home.

Asking Key Questions

Asking AdCOAs key questions can help them explore their own appropriate and inappropriate classroom behaviors and can explore factors that might be leading to academic underachievement. Key questions should focus on both AdCOA behaviors and cognitions.

Key questions might include:

- What are your specific behaviors in the classroom?
- How do your behaviors influence your learning, the learning of others, and the classroom environment on the whole?
- What other ways could you behave in class?

Cognition-type questions should focus on the students' specific thoughts, and not necessarily on exploring personal factors at home. Ask students what they were thinking about when they behaved in a certain way.

Confronting Honestly and Gently

Honest, gentle confrontation is especially helpful for AdCOAs who are trying to change their classroom behavior, but who slip back into old habits.

Sharing Responsibility

Helping AdCOAs chart a course for new classroom behavior and then asking them to develop an implementation plan for their new behavior gives them shared responsibility.

Teachers should, of course, use their best judgment for helping AdCOAs in their classrooms. Teachers need to refer AdCOAs to school psychologists when they demonstrate deep-seated emotional disturbances.

A Final Word About Reflection

Developing habits of reflection will help teachers think deeply about their teaching and may enhance their classroom climate for all students, but especially for AdCOAs who have heightened emotions and dysfunctional behaviors. Reflective thinking about AdCOAs and their influence on classroom learning is one way teachers can become change agents in the lives of AdCOAs. By thinking carefully and critically about their interactions with students, by considering how their own past experiences influence their present teaching, they may be able to understand how their classroom is being influenced by adolescents who are co-dependents with alcoholic parents.

ESTEEM NEEDS IN CLASSROOMS UNDER THE INFLUENCE

Middle level adolescents from addicted families, by their very presence, create a classroom under the influence.

According to Dean (1989), these classrooms are stressful to everyone, and everyone adopts new behaviors to protect themselves.

Structural Change

If middle level schools are to successfully help AdCOAs recover their shattered self-esteem, they must first change the traditional classroom structure. Without this restructuring, the classroom strategies teachers select to reach AdCOAs, to meet their esteem and academic needs, will fail.

Central to current middle school philosophy is the importance of restructuring traditional content and teacher-centered junior high school classes into learning communities aimed at supporting the self-esteem of all students (see George et al., 1992). This is the revolutionary restructuring that bears the promise of the systemwide reforms needed to address the personal, social, and academic needs of adolescent students. Without this restructuring, classrooms under the influence of adolescents from addicted families will show typical patterns of response:

1. Simple denial that the classroom is being adversely affected. For years, teachers have unknowingly denied that this problem existed and have coped by attempting to keep the unacceptable behaviors at tolerable levels of compliance.

2. "These are not my students; I cannot be responsible for them!" This response is based on the recognition that AdCOAs have special personal and academic needs. This response, however, frequently demonstrates teachers' frustration and anger with their inability to control the unacceptable behaviors of AdCOAs.

Unable to control the overt acting out symptoms of the AdCOA's dependence, (e.g., the anger, defiance, and rebellion), many teachers disown the AdCOAs by referring these "unmanageable" students to an administrator for disciplinary action, to a counselor for behavioral management intervention, or to the principal for suspension or expulsion.

Many teachers now refer AdCOAs to the school psychologist for identification as learning disabled, behaviorally disordered, or attention deficit disordered. These response patterns demonstrate the need for middle school reforms that attempt to salvage AdCOAs' self-esteem by providing middle school personnel with the training and support to give students from addicted families the personal, social, and academic help they need.

Strategies for Building Mutual and Self-Esteem

Adolescents raised in addicted families see themselves as worthless and unwanted (Ackerman, 1987). It is no surprise, then, that AdCOAs are one segment of the middle level student population most in need of support of self-esteem. Their controlling, irascible clowning, and withdrawing behaviors also frequently prevent AdCOAs from having the respect of peers, teachers, and administrators.

Educators can use a number of strategies and programs to help AdCOAs develop the self-esteem they need to grow into happy, healthy adults. Effective strategies are also available to help AdCOAs earn the mutual esteem of their peers.

We have already described several essential elements of knowledge and skills that principals and teachers must acquire to assist AdCOAs:

- Educators must be knowledgeable about the characteristics of addicted families.
- They must be able to distinguish between normal and abnormal adolescent behaviors.
- They must be able to recognize the school behaviors of AdCOAs.

Moreover, teachers, counselors, and principals will better support the AdCOAs' improved self-esteem when they become skillful in reflecting, caring, listening, and building on AdCOAs' personal and academic strengths.

Teachers and adult leaders of student assistance programs need to learn how to talk with middle level school students from addicted families. Although talk comes naturally to most typical adolescents, that is not always true for AdCOAs in middle level schools. AdCOAs find it especially difficult to talk about their home situations.

Middle level students can be unusually cruel to one another; they can be especially insensitive to the pain of AdCOAs. When middle level schools provide caring classroom communities and family-like support groups, all students can learn to respect one another. In these safe learning environments, AdCOAs find a functional school family in which they can begin to build healthy relationships with peers and adults.

Hauser (1991) suggests four strategies for nurturing the ego development and self-esteem of adolescents. Although his message is aimed at the families of normal adolescents, his strategies can be adapted by classroom teachers, core team members, and student assistance pro-

gram leaders to promote mutual and self-esteem of AdCOAs in the supporting school communities.

1. "Enduring engagement." This strategy involves quiet, persistent support of the adolescents, even when they respond with anger, distrust, and sullenness.

2. Parental disclosure. In a surrogate parent's role, teachers, principals, or counselors can share memories of some of their own anxieties, self-doubts, shame, and adolescent difficulties, and how they approached these life challenges. Those educators who grew up in an addicted family can be especially effective in assisting AdCOAs to learn to respect themselves and others. (We do not recommend that educators reveal any more about these difficult life experiences than they have worked through in their own programs.)

3. Tolerance of unwanted and unexpected emotions. All adolescents display occasional mood swings that surprise adults. AdCOAs' mood swings, because of the constant uncertainties in their home life, are more frequent. The emotional turmoil is compounded by shame, anger, and the "family secret."

Tolerance will ultimately send AdCOAs the message that their teachers and principals believe in them. This is a message of hope and trust, a message that will confirm the belief that they are capable individuals worthy of mutual and self-esteem.

4. Supporting adolescents as they search for their identity. School life and their healthy interactions with teachers and peers may provide the only respite from the myriad uncertainties of their addicted family life. For AdCOAs ambiguity and uncertainty will continue to adversely affect the development of a healthy self-concept. The continuing support of their teachers, counselors, and principals, the understanding of significant others in their school family, will gradually provide these adolescents with the understanding of themselves and their family circumstances they need as a foundation for developing esteem for themselves and others.

Assessing Self-Esteem of AdCOAs

Once teachers have identified AdCOAs; understood their unique personal, emotional, and academic needs; and begun the long process of supporting the recovery of their self-concepts, they must regularly assess the growth of AdCOAs' self-esteem and mutual esteem of others.

Observation is one of the most informal assessments teachers can use. By using self-esteem inventories, such as the AdCOA Esteem Growth Inventory in Appendix B, teachers can learn to recognize the levels of the critical dimensions of the AdCOA's self-esteem.

For example, to what degree are AdCOAs able to display pride in their schoolwork? Many AdCOAs with very low levels of self-esteem do not consider themselves capable of accomplishing anything of value. Until they are helped to increase their levels of self-understanding and acceptance, they will display little pride in their school accomplishments.

Educators must observe AdCOAs outside the classroom. As grown up as adolescents pretend to be, they are still children. Play, in adolescent forms, is still a major part of their life. Observe AdCOAs during P.E. games and contests, at dances, in intramural sports, and you will find other arenas in which to assess their growth in self-esteem. In these situations, teachers, counselors, and principals can assess how AdCOAs are dealing with perfectionism, controlling behaviors, and the competitive "win at all costs" attitudes that interfere with the normal development of self and mutal esteem.

Three other assessment devices are effective for evaluating the development of self-esteem in AdCOAs: dialog journals, conferences, and student portfolios.

Dialog Journals. Dialog journals give middle level students the opportunity to explore their own thoughts and feelings in more depth. Staton (1980) describes how teachers can use dialog journals to interact with students to provide individualized instruction, counseling, and assessment of student's growth in academics and self-esteem.

The dialog journal can give AdCOAs a safe means to explore school and family issues that affect their esteem needs and growth. It also provides them with the private and supportive response of an adult who can give the AdCOA feedback and positive reinforcement regarding their growth in mutual and self-esteem.

Conferences. Conferences with all middle level students provide the teacher and counselor with another vehicle to assess student growth in mutual and self-esteem. Providing regular time for conferences, conducted within a climate of support, praise, and trust, gives the middle level educator the time to help AdCOAs regularly assess their own growth in mutual and self-esteem.

According to Crosby (1982), we need to give all adolescents responsibility for developing their own self-concept. In the supportive setting of the one-on-one conference, teachers and counselors can assess the AdCOA's growth in developing a self-concept based on self-assessment, rather than on the negative assessments of addicted or co-dependent parents or insensitive peers.

Appendix C includes a suggested conference format for assessing AdCOAs' growth in self and mutual esteem. This instrument uses the same esteem categories identified in the AdCOA Esteem Growth Inventory and can be used, along with observation data, to provide additional assessment information for the completion of the inventory.

Student Portfolios. Student portfolios can be another effective tool for assessing AdCOA's growth in self-esteem. Teachers who use student portfolios should give students the opportunity to select samples of their schoolwork of which they are especially proud. They should also be encouraged to include other entries that reflect their accomplishments at home, church, camp, clubs, or other important dimensions of their lives.

During a semester or school year, the AdCOA's portfolio will provide additional documentation to help middle level teachers assess the progress AdCOAs are making in affirming their own self-esteem.

A number of esteem-building programs are available for use in the middle grades, such as Allred's *Positive Action* (1989). The criteria in Appendix D can help educators identify the essential elements of self-esteem programs that will be effective with AdCOAs.

One final strategy middle level educators can use to help AdCOAs recover a healthy self-esteem is to provide them with a program of leadership skills. When AdCOAs learn healthy ways to interact with their peers, they can overcome their destructive controlling behaviors and learn to lead, guide, and inspire.

APPENDIX A

Awareness Inventory

_____ 1. I possess a working knowledge of healthy and dysfunctional family systems.

_____ 2. I can identify the major characteristics of adolescent children of alcoholics.

_____ 3. I can recognize the coping mechanisms AdCOAs use to survive dysfunctional family life.

_____ 4. I can identify the differences between healthy and addicted family relationships.

_____ 5. I can recognize the differences between healthy and toxic family communications systems.

_____ 6. I can help my colleagues recognize the school behaviors of AdCOAs.

_____ 7. I understand how schools often enable AdCOAs to maintain their dysfunctional behaviors.

_____ 8. I can help implement a school-based support system for AdCOA middle level students.

_____ 9. I know a number of professionals/agencies where AdCOAs and their families can receive help.

_____ 10. I can recognize and help adult children of alcoholics attracted to the teaching profession.

APPENDIX B

AdCOA Esteem Growth Inventory

NAME OR ID NUMBER _____ GRADE _____ DATE _____

Instructions: As you reflect on your observations of the growth in the esteem levels of your AdCOA students, use the scale to rate their development of self/mutual esteem in each category below. Review and repeat periodically to assess their growth in mutual and self-esteem.

	Observation Scale				
	High		Average		Low
Esteem Categories	**5**	**4**	**3**	**2**	**1**
1. WORK: To what degree does this student take pride in his or her schoolwork?					
2. FRIENDS: To what degree does this student enjoy the wholesome company of friends?					
3. PLAY: To what degree is this student able to participate in playful activities?					
4. CONFIDENCE: How confident is this student with new concepts and experiences?					
5. CONTROL: To what degree does this student try to please and control others?					
6. RISK TAKING: How capable is this student to take risks to learn independently?					
7. VALUES: How willing is this student to affirm his or her own values and beliefs?					
8. COOPERATION: How capable is this student of cooperating and sharing with others?					
Total					

APPENDIX C

AdCOA Esteem Assessment Conference Notes

NAME OR ID NUMBER _____ GRADE _____ DATE _____

1. WORK: Tell me how you feel about your schoolwork since our last talk.

2. FRIENDS: Tell me how you are getting along with your friends and classmates.

3. PLAY: Tell me about what you've been doing for fun.

4. CONFIDENCE: How confident are you now about schoolwork? Home life?

5. CONTROL: What are you doing about your urges to boss and please others?

6. RISK TAKING: Tall me about what you have done to learn something for yourself.

7. VALUES: What beliefs have you been able to share and stand up for?

8. COOPERATION: Tell me about how you have cooperated at school and at home.

APPENDIX D

Selection Criteria for Self-Esteem Programs

NAME OR ID NUMBER _____ GRADE _____ DATE _____

Criterion Measure	Scale: Effective 5	4	3	2	Ineffective 1
1 How effective is the program in actively engaging students in their own self-esteem building?					
Comment:					
2 How effective is the program in providing for the special esteem needs of students like AdCOAs?					
Comment:					
3 How effective is the program in providing a variety of learning experiences across the curriculum?					
Comment:					
4 How effective is the program in defining specific roles for all members of the school staff?					
Comment:					
5 How effective is the program in providing an organizational framework for program planning?					
Comment:					
6 How effective is the program in providing support for the implementation of the new program?					
Comment:					
7 How effective is the program in providing information to parents and involving them?					
Comment:					
Total					

Recommendation

APPENDIX E

Resources and References

Resources

Al-Anon/Alateen Family Group Headquarters
P.O. Box 82, Madison Square Station
New York, N.Y. 10159-0182

Children of Alcoholics Foundation
P.O. Box 4185, Grand Central Station
New York, N.Y. 10163
(212) 949-1404

National Association for Children of Alcoholics
31706 Coast Highway, Suite 201
South Laguna, Calif. 92677

National Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, Md. 20852
(310) 468-2600

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